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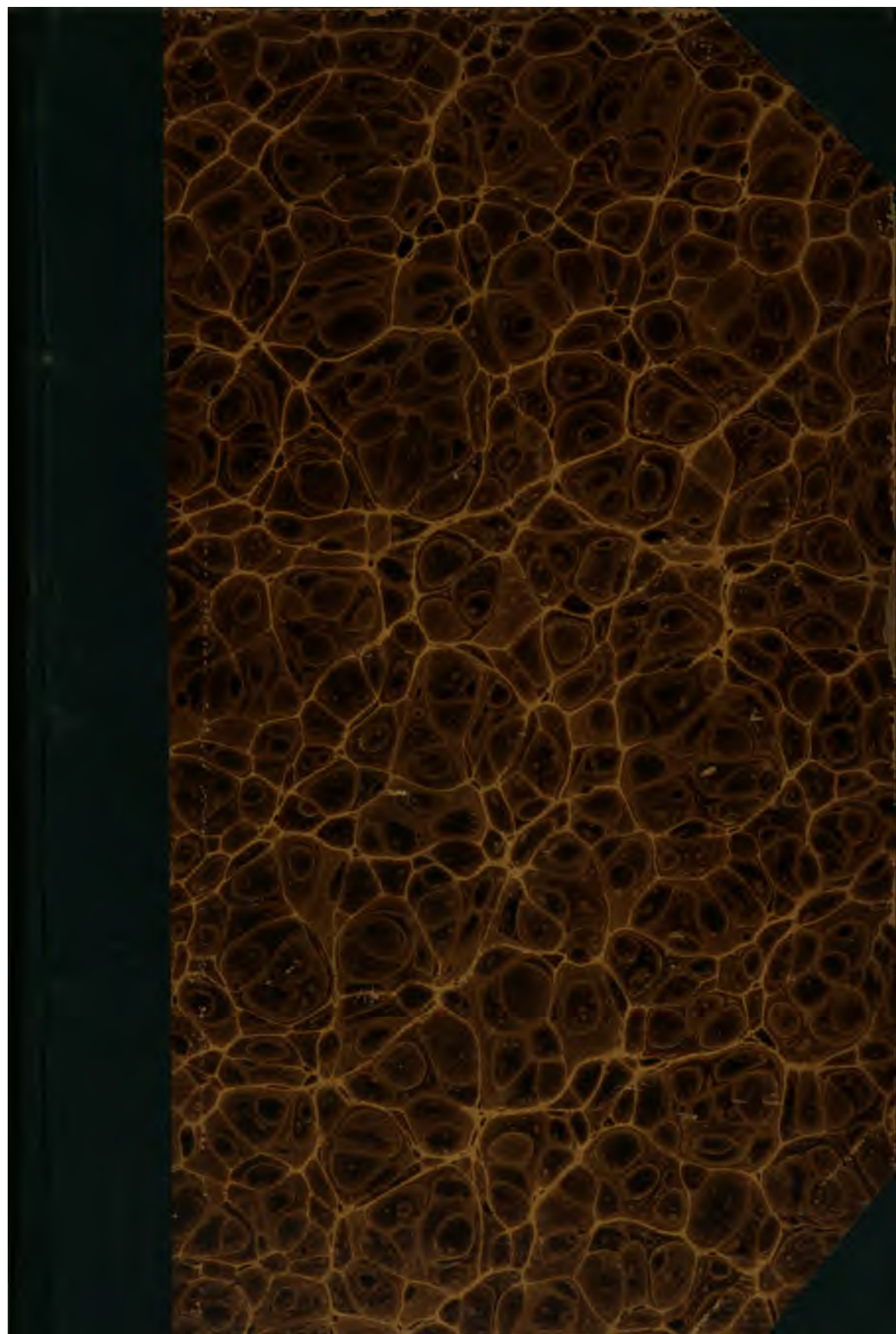
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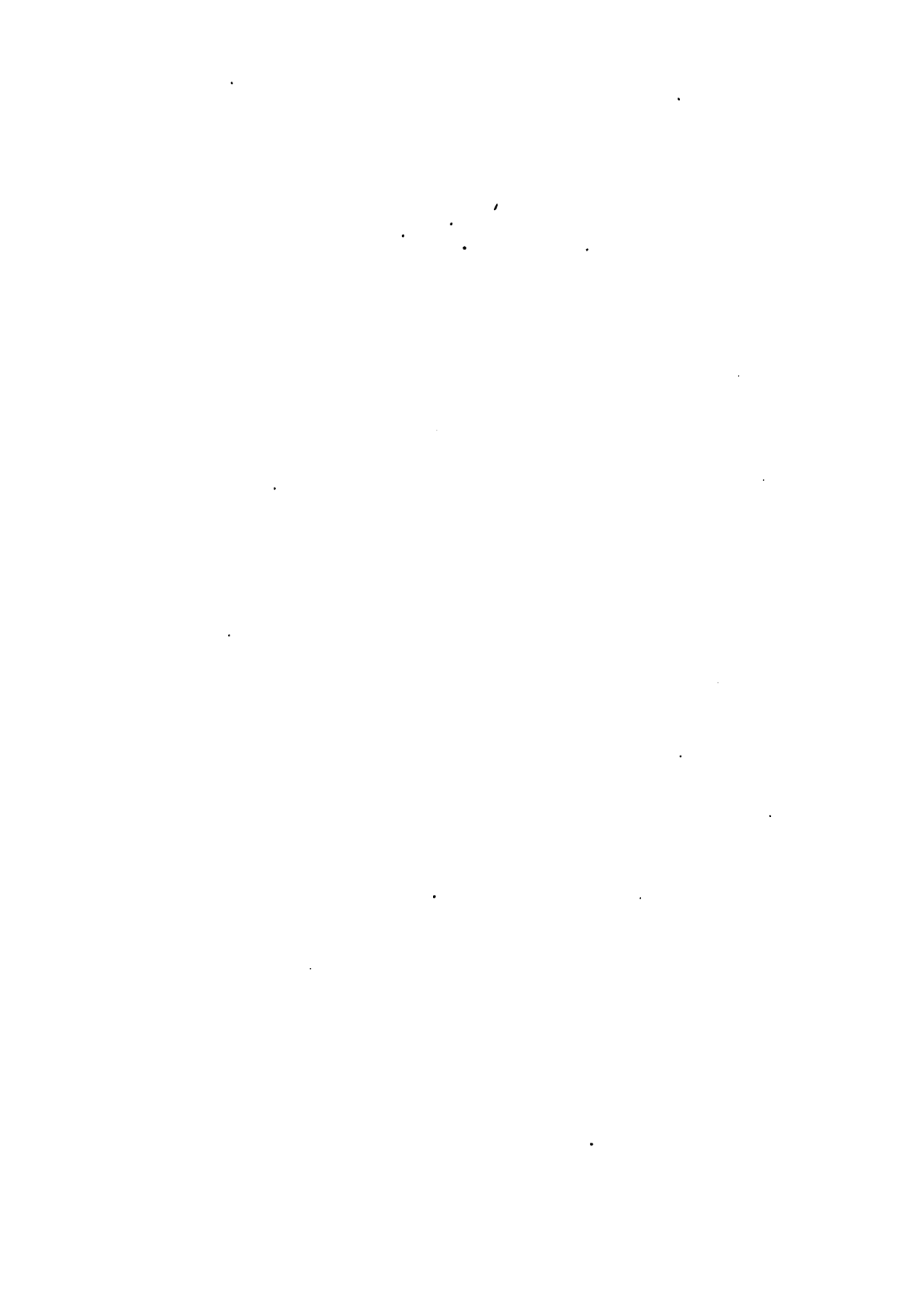
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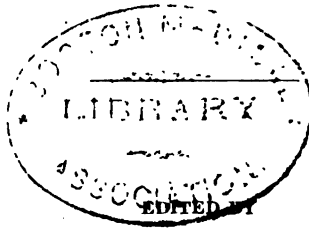
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THE
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SAINT LOUIS.



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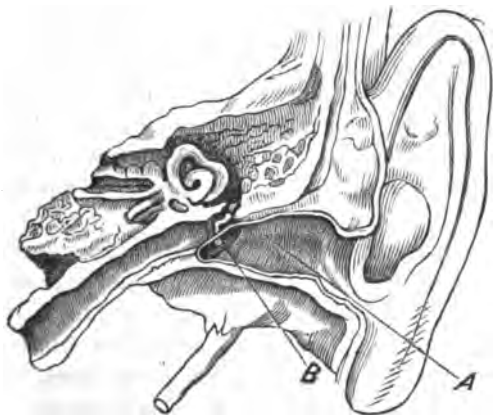
JANUARY, 1885.

No. 1.

ORIGINAL COMMUNICATIONS.

ART. I.—The Membrana Tympani.—By O. A. PALMER, M. D.

The tympanic membrane (see Fig. 1) is at the inner extremity of the auditory canal, and is inclined forward, downward and inward



in adults, but in children it is more slanting, so that during infantile life it is difficult to see it. It is oval in form, its vertical diameter being about five lines and its transverse four lines. It is depressed inwards, causing its external surface to

present a concavity, at the apex of which is seen the handle of the malleus. It is composed of an external dermic layer that has no glands or hairs, a middle fibrous and internal mucous layer.

The fibrous has an external and internal layer. Between these two layers is the long handle of the malleus and the short process. The long process moves in a groove, like an enarthrodial

joint. If we look upon a normal drum (see Fig 2) in an adult, we can see a few points of special interest. After viewing the drum in general we should notice particularly the long and short processes of the malleus, and the cone of light, which is first to change its appearance when the drum becomes diseased. This triangle of light is caused by the funnel shape of the membrane and the reflecting qualities of the dermic layer. The color of a normal membrane varies in different persons. It is generally bluish or light gray. The age of the person and the anatomical

variations around and in it make a difference in the color. It is lighter in infants and usually shaded with pink.

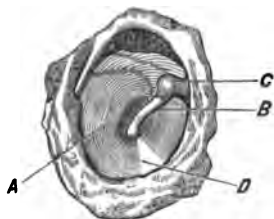


Fig. 2. A. Drum-membrane.
B. Long Handle of the Malleus.
C. Short Process of the Malleus.
D. Triangle of Light.

The membrana tympani is set into rapid vibrations when the waves of sound are conducted against it. The drum-head holds the long process of the malleus in position, and supports through it the entire chain of bones. The bones transmit the vibrations received from the tympanic membrane to the membrane in the foramen ovale of the vestibule. The tympanum is protected from cold air and from foreign substances by the drum. Some observers claim that there may be a congenital absence of this membrane. I have never seen a case of this kind, and think it must be rare.

It is very doubtful whether there is ever two drum-heads formed, as stated by some writers. The second one is a new growth, which may take place in some abnormal conditions of the meatus. I have seen quite a number of anomalies in size, form and inclination of the drum, but they are of no great importance. The drum may be triangular. Its size depends on the width of the canal. The angle which the normal inclination of the drum forms with the upper wall of the auditory canal is 140° . It is stated by some investigators that musical people have a very perpendicular position of the drum-membrane, and that a nearly horizontal position of the membrane is seen in adults with congenital deafmutism.

The drum is liable to injuries in many ways. It is easily in-

jured by things thrust into the external canal. Many persons use hairpins, ear spoons, sticks and needles to remove ear-wax and to relieve itching. This practice should be discouraged, as the membrane is often torn by their use. An unskillful physician, or the attempts of the laity, may rupture the drum in trying to remove a foreign body from the canal. Blows by the hand or by a snowball have ruptured the drum. No parent or teacher should box a child on the ear, because the column of air over it suffers sudden condensation that may be very harmful to the drum in many ways.

A rupture (see Fig. 3) appears as a red line on the drum. Its edges separate from each other when the patient blows his



Fig. 3. A Rupture.

nose or forces air through the Eustachian tube into the middle ear by Valsalvan's inflation. At the time of the inflation, a blowing or whistling sound may be produced in the ear. At the time the membrane bursts, the patient feels a sudden pain deep in the ear, which gradually subsides. Still it may last for several hours. There is roaring and ringing in the ear, with impaired hearing. Usually some hemorrhage takes place into the external canal. There may be extravasation of blood into the tympanic membrane. A rupture generally heals rapidly, without leaving any permanent trouble. Sometimes there is a moderate effusion of blood into the tympanum, but it does not interfere with the healing process. It is necessary that the edges of the wound are not irritated or separated in order to have a rapid union. It is improper to syringe or otherwise interfere with the ear, as it prevents healing. If the edges of the rupture are irritated, suppuration will destroy a portion of the drum that may require a long time to heal in some cases. Suppuration may follow a perforation caused by a box on the ear.

A perforation (see Fig. 4) may occur in any part of the membrane. It is the most common in the anterior or posterior lower quadrant. It is the most rare at the long handle of the malleus and at the periphery, because at these points the lamina propria is quite strong and offers a greater resistance to destructive

processes than any other portion. The size of perforations vary. They may be as small as a fine needle, or nearly as large as the auditory canal, as when the most of the drum is lost. The common shape of a perforation is oval or round. Its most common



Fig. 4. A Perforation.

cause is purulent inflammation of the middle ear. In these cases the perforation takes place from within outward. It may occur from without inward. If the edges of a fresh perforation are carefully observed they will be found quite irregular and rough, while the edges of an old one are smooth, thickened or thinned, and sometimes calcified. Now and then I see a case where the edges of the perforation are partially or completely united with the mucous membrane of the labyrinthine wall. Double or triple perforations may take place. I believe it is generally admitted that the membrana tympani may be perforated at different points in tuberculosis, scarlatina and pyæmia. Recent perforations heal without leaving any abnormal changes. When a large and old one heals a persistent cicatrix results. If a cicatrix is attached to the labyrinth, it will occasionally secrete pus and require treatment.

ART. II.—Practical Points on the Exanthemata.—Classification of the Subject.—Erythemata.—By PROF. E. YOUNKIN, M. D.

The generic characteristics of the exanthemata are usually so well marked that the physician is hardly justifiable in confounding their several inflammatory diseases with the eruptions of other groups. The peculiar red tint of the skin; the redness disappearing on pressure and returning again upon removal; the creeping rigors; the frequency of the pulse; redness of the edges of the tongue; distaste for food, thirst, cough, and the dry râles, are, as a general thing, sufficiently diagnostic.

The exanthemata are usually acute, lasting from three days to three weeks; but occasionally there are chronic forms lasting for a much longer time. The inflammation, upon which depends the characteristic eruption, generally terminates in resolution,

delitescence, recession, or desquamation, though sometimes, as in erysipelas, it may complicate with the bullous, or vesicular groups.

Notwithstanding the general characteristics of the exanthemata are of easy detection, the field of investigation materially widens as we enter into the study of the minuter divisions and subdivisions. He who is willing to rest satisfied with being able only to determine the mere question of general variety, is but poorly qualified to treat successfully such cases, and has made but poor progress in his diagnostic acumen. How many there are who fail in making the distinction between the general divisions of the more common forms!

Many physicians are puzzled to discriminate between erythema, rubeola, roseola and scarlatina, to say nothing about the finer subdivisions, the knowledge of which adds so much to the satisfaction and success of the physician.

Herewith we append a table which will show at a glance the field of study necessary to become a good diagnostician in the exanthematous diseases. We would ask the reader to pause for a moment and reflect upon the synopsis on the next page.

To treat these diseases by taking up each subdivision as they appear in this table would weary the reader and defeat the purpose we have at this time before us. My object is rather to point out an easy method of study by which the mind may grasp the subject, and hence I shall be able only to take up a subject here and there in my series of articles, leaving the investigator to pursue the subject beyond the limits assigned me in this JOURNAL.

Now if the reader will take the trouble to find the meaning of the terms used in the above synopsis, he will discover the shades and variations in each disease. This thought will be better understood as we proceed to illustrate one of the general exanthematous groups.

Erythemata.—Erythema is from *eruthros*, red. Not every redness of the skin, however, is classed with the erythematic diseases. This is an uninfectious disease occurring by one or more red blotches, varying in size from one line to several inches in diameter.

The immediate seat of the inflammatory congestion is in the

Exanthemata.

Exanthemata.	Erythemata.	<ul style="list-style-type: none"> Erythema Intertrigo. Erythema Paratrimma. Erythema Punctatum. Erythema Papulatum. Erythema Tuberculatum. Erythema Nodosum. Erythema Annulatum. Erythema Marginatum. Erythema Fugas. Erythema Chronica.
	Rubeola.	<ul style="list-style-type: none"> Rubeola Vulgaris. Rubeola Sine Catarrho. Rubeola Nigra. Rubeola Febris Morbilla.
	Roseola.	<ul style="list-style-type: none"> Roseola Æstiva. Roseola Autumnalis. Roseola Annulata. Roseola Infantilis. Roseola Variolosa. Roseola Vaccina. Roseola Milliaris. Roseola Febrilis. Roseola Rheumatica. Roseola Cholericæ.
	Scarlatina.	<ul style="list-style-type: none"> Scarlatina Simplex. Scarlatina Anginosa. Scarlatina Maligna. Scarlatina Sine Exanthemate.
	Urticaria.	<ul style="list-style-type: none"> Urticaria Acuta. Urticaria Febrilis. Urticaria Ab-ingestis. Urticaria Perstans. Urticaria Chronica. Urticaria Evanida. Urticaria Subcutanea. Urticaria Tuberosa.
	Erysipelas.	<ul style="list-style-type: none"> Erysipelas Simplex. Erysipelas Phlegmonosa. Erysipelas Phlyctenodes. Erysipelas Erratica. Erysipelas Metastatica. Erysipelas Oedematosa. Erysipelas Traumatica.

vascular rete of the dermis. The degree of excitation of the cutaneous nerves is small compared to other exanthemata, and hence acute erythema is usually no serious complaint; but chronic forms may be as difficult as they are uncertain. There are several varieties of erythemata, as a reference to the appended table will show.

Erythema intertrigo.—Intertrigo from *inter*, between; and *tero*, to rub. The repeated rubbing of two contiguous parts sometimes gives rise to this form of the disease. It occurs with corpulent people, and is situated in the groins, between the nates, under the mammæ, and in the axillæ. It may also occur from the contact of irritating discharges as in leucorrhœa, gonorrhœa, dribbling of urine and by mucous from the nose and pus from the ears; from the neglect of proper cleanliness, as between the toes, on the vulva, prepuce and at the margin of the arms.

Infants, a little fat, and neglected in change of diapers or proper cleanliness, are peculiarly liable to erythema intertrigo. During dentition they may be affected with this disease on the cheeks and about the gums. Not unfrequently do we find it associated with alimentary irritation, and the discharges irritate the buttocks and genitalia. A sero-purulent fluid, of a faint, disagreeable odor, exudes, and is often accompanied with pain and itching. If intertrigo is allowed to go unchecked the skin becomes hard and cracked.

Erythema paratrimma—*Chafing*. This really belongs to the intertrigo, as it is occasioned by walking or riding; the skin chafing against clothing or against the saddle.

Erythema punctatum should also be classed with the intertrigo. Is produced by the prick of a needle, or the bite or sting of an insect. These two latter forms differ from the intertrigo in nothing more than being unaccompanied by the moist exudation and peculiar odor.

Erythema papulatum.—From *papula*, pimple. This form is characterized by irregular, red, and slightly raised spots, and are liable to be confounded with the group papulæ. They are bright red in color, and disappear under pressure. They do not really result in a pimple and do not vesicate. They are seen on

the backs of the hands and on the necks of the young. The eruption is sometimes preceded by fever and lassitude, with pains in the limbs, and is often accompanied with rheumatism.

Erythema tuberculatum.—This variety differs from the former in that between the papular patches there are raised tumors which sink in a week or two. This disease is preceded by fever, pain, uneasiness and sleepless nights.

Erythema nodosum (a knot). This kind appears in red, hard, oval spots. The hand passed over them, the nodes are felt. Persons of weakly constitutions, feeble children, and adult females are specially liable. Mostly found on the arms and legs. They are painful, and are accompanied with uneasiness, depression and fever. They threaten suppuration, but generally sink away with a bluish-like spot remaining for some time.

Erythema annulatum (a circular or ring formation). This may be mistaken for herpes, but differs from it by not being mounted with vesicles.

Erythema marginatum (margin).—Found around the margins of the true skin, with the mucous membranes, as about the eyes, mouth, nose and arms. The disease consists in red elevations, without serous or pus exudations, and the eruption has a somewhat shining surface. If allowed to run, the parts become dry and cracked.

Erythema fugax (fleeing or fading).—In this disease the redness is very dim, and differs but little from the natural hue.

The tint is greatly diffused, superficial, and without appreciable swelling. The redness may extend over the entire body. There is dryness of the skin and slight rise of temperature. The skin not so vivid as in scarlatina, more distributed than in measles, with absence of the catarrhal symptoms, and not resembling the goose-flesh eruption as in Roseola.

Chronic Erythematosa.—*Chaps*.—The workmen, the hands of the blacksmiths, exposed to intense heat; smelters of copper and lead; bricklayers and stonemasons who handle lime; and dyers, who handle putrid urine, are often attacked with chaps, a form of erythema.

The lips also have their chaps and fissures in the extremes of heat and cold. Nursing women have their erythematous, nip-

ples especially, upon the suckling of the first child, the pain and soreness running so high as to cause the mother to give up feeding the child upon the breast.

Pregnant women, too, during gestation, suffer from redness and chappings of the abdomen; and the same condition is often found in the legs of those who suffer from anasarca, or dropsy.

Chaps of the arms, prepuce and vulva are often quite annoying and baffle the means of cure.

TREATMENT.—The removal of the cause. As erythematæ are frequently due to local irritants, if the cause is removed the case will get well. A bath of warm water and the parts kept clean. After bathing and drying, a coating of starch or bismuth will usually suffice. An ointment of carbolized cosmoline protects the parts from friction and allays the itching and pain.

A good application is a thorough sponging with a solution of boracic acid, two drachms to a pint of hot water. This acts antiseptically and changes the rancid exudation.

In suckling and teething babes we enjoin thorough cleanliness, the diapers changed as often as made wet with the urine or there is an action from the bowels. If the erythema is situated in the fold, thin strips of antiseptic gauze should be laid in, which will generally suffice, or cloths slightly saturated with carbolized oil; but if the disease has spread to the groins, genitals, or abdomen, the following will give better satisfaction: *R* Oleum Picis liquidæ ʒij; Oleum Olivæ ʒij. Mix, and after cleansing, apply.

When occurring from irritating discharges, I have found the most benefit derived by such injections as will destroy the irritating quality of the discharge. Washes of boracic acid, zinc sulph., and the local applications of an unctuous character to shield the skin, will be found the best. Constitutional treatment for the discharges may be indicated. The vulvular erythema usually belongs to the above class.

If the prepuce is involved in erythema, it should be closely examined, and if hugging tightly round the glans it should be split upon the dorsum, or if long and contracted, circumcision should be performed. If children are affected with erythema of the month, the boracic wash and something internally may be required to allay irritation and correct digestion.

In the papular erythema, in addition to what has been said, aconite, salicylate of soda, and cimicifugi may be given internally with good effect. In the tubercular and nodose varieties tonics, anodynes and alteratives are usually indicated. In the marginal erythema there is a strong tendency for the disease to fissure and dry the skin, and some difficulty is met in overcoming the disease. *R.* Chrysophanic acid, gr. x.; cosmoline, ℥ij. Mix and apply; or, the citrine ointment will sometimes answer the best purpose. In fugas, but little is required but a warm bath, and the patient kept comfortable.

Chaps of the hands and feet, caused by external circumstances, are to be met by warm fomentations, bathings, soothing cataplasms and vaporous baths. The affected parts should be smeared with camphorated lard or Howe's Juniper pomade, and a glove or sock should be worn night and day.

The chaps in the lips, of which some are peculiarly liable, can be cured by: *R.* Nitric acid, gtts. vj; glycerine, ℥ss. Mix and apply night and morning. The lips should be protected from the rays of the sun and from cold winds.

Chapped nipples should be kept annointed with a mild unguent of an astringent character. Oxide of zinc, ointment of kino, or argenti nitras, mixed with spermaceti ointment, proves a good remedy in this painful and troublesome complaint. Remedies, however, prove unavailing unless the mother consents to wean the child, as the repeated suckling keeps up the irritation. Before this is resorted to, nipple shields may be tried. Iodoform sprinkled into the fissures, and a coating of flexible collodion may be used with benefit. The flexible collodion is made as follows: *R.* Collodion, ℥ij; castor oil, gtts. xv.; oil of almond, gtts., iv. Mix.

Excoriations in dropsical effusion are met by bandaging the limbs, the patient in a recumbent posture, and by a lotion of boracic acid and rose water.

The Kansas Eclectic Medical Society should see to it that a solid Board of Health is organized in that State, and that our school is well represented in the appointments.—[EDITOR.]

Art. III.—Uterine Examination.—By S. S. STAUFER, M. D.

If admitted in your journal, I desire to argue a few points of the article on Uterine Examination, December, '84.

That everything must be in such a position and condition that a successful examination can be made is a fact of still greater importance than Dr. R. has attributed to it. The medical practitioner who cannot find the material to arrange the position and proper light, far better make no effort; then it is, undoubtedly, the imperfect examinations that makes the many blunders in the treatment of the common ailments of women.

It is true that rivalry leads to opposition and confusion; but the numerous modes and instruments for uterine examination should be a surprise to the experienced physician which even the recent graduates cannot fail to notice. In the fifth column of my Review on Diseases of Women, is found the following as an illustration:

"I do not mean to criticise here, or in the catalogue, the host of speculums; as we have a Thomas' Speculum, a Storer's, a Sims', a Hewitt's, a Goodell's, an Emmet's, and whose not! authorities among whom we know no distinction to make. If the art of examination was in proper order, why could not one work with the tools of the other? But it may be conceded that the latter has been an improvement over the former. If so, why do not the former acquiesce in the latter and approve of that which was best?"

This assertion is corroborated by this, that thousands of graduates are sent adrift every spring who have not seen an os in a living subject, much less a living cervix. Some few, who have the means, go to professors' private clinics, where only a few are admitted at the same time, and thus expect to learn the art of examination to perfection. This verifies the importance of an educated examination. But when the authorities so materially differ, in whom is reliance to be placed?

The description in paragraph 3d is admirable. When the bladder is full, the angle of the axis of the uterus and vagina is usually above 94 degrees; less, if empty. But 94 degrees is so slightly above a right angle that it is plainly to be seen how difficult it is to bring the os in view, since the direction of the specu-

lum leads towards the side of the cervix. And unless the cervix remains free that it may be shifted with instruments suitable for the purpose, the examination will be still imperfect. This shifting, however, cannot be done through any valvular speculum, as the expansion of the plates locks the cervix just where and as it is reached. The Sims' does not obviate this difficulty. The completeness of arrangements is not only apparent, but the accuracy of examining instruments required also.

The ligaments have but little control over the support of the uterus, nevertheless this is in opposition to some leading authorities. When the vagina loses its support, down, back or forward goes the uterus. From a slight deviation, in course of time, if not obviated, it works itself into a complete somersault or protrusion.

That the numerous theories, modes of correction, support, and arguments that the uterus needs no support, or shingle, since it had no bones, undoubtedly all originate from the examinations with instruments which do not admit of sufficient light in the vagina that its true condition can be seen and known.

Only a few days ago I received these remarks from a physician in Colorado: "The speculum is a daisy. I never saw an os as plain as sunlight until I used your speculum." He inclosed letter, dated Nov. 27, '84, and reads thus:

"I hereby acknowledge the receipt of the cases of speculums and instruments, and would say, after the short experience I have had in their use, that I am well pleased. Their simplicity and efficiency makes the treatment of that class of cases a great deal more satisfactory; and, I am free to say now, I can undertake the examination of those cases and their treatment with a degree of confidence to which I was a stranger before. I shall be pleased to make trial of your supporters and pessaries hereafter as occasion may offer.

Truly yours,

F. J. GUITTARD."

The order was dated Oct. 9, 1884, and shows a thorough deliberation before ordering, and says: "I have concluded to invest in a case of speculums and examining case of instruments. Find inclosed \$20."

Paragraph 5th appears not to be only sound but solid doctrine, and the importance of the touch while standing I have seen nowhere so well portrayed. There may be one objectionable fea-

ture, and even this, that the sound can be best introduced in a standing position is correct, but not the least dangerous, nor is it necessary to insert a sound, invisibly, since I guarantee my speculums, and with it that the sound can be visibly introduced through them.

Under the guarantee, there have been two single speculums returned and the money refunded last year. This year, although near to the close, not even one.

During this year several cases of speculums and examining cases have been ordered through drug houses. From connecting circumstances I have reason to believe they were from the influence of the advertisements in this journal. But commissions were asked rather above my actual profits; in consequence the physicians had failed to get them. In future such orders will receive no attention. The first purchase of all the instruments on the catalogue will now be guaranteed, according to rules of catalogue. Catalogue on application, and mentioning this journal.

S. S. STAUFER, M. D.

624 Franklin St., Philadelphia, Pa.

[TO BE CONTINUED.]

ART. IV. — An Important Sequel of a Case in Practice. — By
PROF. E. YOUNKIN, M. D.

Accidentally, on November 1st, 1884, as I entered the shop of Mr. C. W. Rosenberg to purchase a picture frame, I found the proprietor lying on the lounge. He arose to wait upon me, but stated that his head pained him so much that he would be compelled to lie down. After transacting my business with another, Mr. R. stated to me that he had been suffering with headache for three weeks, and it was becoming intolerable. He asked me if I could not do something for him.

I examined him, and found the tongue clean and natural, his pulse regular, but slow—beating about 65 per minute; his temperature, 99°; bowels, regular; urine, readily passed and of normal secretion; his face very slightly flushed; nothing abnormal about the eyes but slight congestion; and, in fact, nothing pathological seen, except the pulse slightly lower and the tem-

perature slightly higher than normal, and the headache of which he complained.

The headache lasting so long, and the ratio between the pulse and temperature being out of proportion, I was led to believe at once that I had a case not only peculiar but grave. Upon inquiry into the cause, I could find no clew to the difficulty, the necessary information being for the time suppressed. No evidences of malaria; neither did I think so at the time. My conclusion was that the pathological condition must be either neuralgic or a cerebral hyperæmia. I chose the latter condition to begin with, and prescribed the following: *R.* Kali bromidium, $\mathfrak{z}\text{ij}$.; *tinct. gelsemium*, $\mathfrak{z}\text{ij}$.; *syr. simplex*, $\mathfrak{z}\text{ij}$. *M. et sig.* A teaspoonful to be taken every half hour, until four doses were taken, then every hour and two hours, according to the effects. The next day I found my patient slightly relieved from his pain in the head, and ordered a continuance of the medicine, with hot pediluvia and mustard to the back of the neck.

On the third day I was called to see the case, and found the continued pain in the head, with a rise of temperature to 100° . The bowels not acting. The bromide and gelsemium had signally failed to relieve the pain. I gave now hypodermically morphia, gr. $\frac{1}{2}$, atropia sulph., \mathfrak{ss} , and ordered atropia, \mathfrak{ss} , to be given three times a day. In the meantime to take gelsemium, and at night a cathartic of oil, hot pediluvia, etc.

On the fourth day I found him resting comparatively easy. He stated that he had slept some during the night, and had eaten a little soup in the morning, and that his head did not hurt only when he moved about.

I found him on the fifth day resting quietly and inclined to stupor, but could be easily aroused, and when aroused would answer questions intelligibly, though slowly. The case became the more interesting as it advanced, and I related the symptoms to my colleagues to get their opinions as to the pathological changes. Some were of one opinion and some another. I had now concluded that we had a possible thrombus, but I confess that the symptoms were puzzling, and up to this time the cause kept from me.

On the sixth day I noticed slight delirium; the night previous

he had walked about the room, and wanted to go out-doors, which he did, notwithstanding the entreaties of his wife. I noticed a disposition to bring his hands upon his forehead, and he said it pained him there. I will say that the pain at first seemed to be in the back of the head, but finally it moved further in front. The wife stated to me now that he could not urinate well, but had passed a considerable quantity, so that I took it for granted that there was no necessity for aid in this respect.

On the seventh day of my treatment I found the patient much the same as upon the previous visit—not any better, but if anything the symptoms slightly intensified. I gave no morphia but the one dose. There was voluntary motion in the arms and legs up to this time, though I thought there was tendency to paresis.

I now expressed doubts as to his recovery, and asked again for causes. The wife told me that he did not want her to tell, but that she felt in duty bound to state that he had been drinking hard of late, that he had lost property by fire, and that he had, on several occasions previous to this headache, come home drunk; that he was out one night and came home drunk, and had a wound on his chin or lip.

I then remarked that this history added to the gravity and danger of the case, and that I would return the next morning, and, if she wished, I would bring another medical gentleman with me. The next morning, at 8 o'clock, I had a telephone dispatch not to come, and I subsequently learned that Dr. Funkhouser was sent for, and that the patient died at 8:20 o'clock the day I received notice not to come. In a few days afterwards, finding that a post-mortem was made I dropped a card to Dr. F., asking him to please inform me what he found as a pathological condition, but hearing nothing from the gentleman, I concluded that the Jews, perhaps, would have nothing to do with the Samaritans.

It will be interesting to the readers of this journal, however, to know that Dr. F. took charge of the brain, and brought it before the Allopathic Medical Society, of St. Louis, upon which a discussion arose.

The following report by Dr. Funkhouser is made of the case, and is taken from the *Weekly Medical Review*:

"I am sorry to say I have not a very succinct and clear history in a case I wish to report. I was called to see it only last night. The patient had been under the care of another physician for five or six days. He had been treated for malaria part of the time, and part of the time for nothing in particular. I saw the man last night at 10 o'clock, and found that he was in a comatose condition, breathing stertorous, slow and irregular; his pulse was from 45 to 50. I inquired in regard to the case, and found that the patient had been suffering from intense pain of the head for two weeks, or even longer, before he took to his bed. And in going back further in his history, I learned that he had come home drunk in his buggy and left the horse standing in front of his door. He came in, sat down in a chair, and put his face between his hands. It was found that he had received an injury across the bridge of the nose. This injury must have been a very severe one, judging from the remarks of his wife, and from the fact that there was swelling and pain for several days. Prior to that time the patient had not suffered from any particular trouble. Within the last six weeks the man had met with reverses; his factory burned down; he took to drinking, and drank constantly. I looked at the pupils of the eye, suspecting that the patient was suffering from apoplexy, or an effusion of some kind on the brain. I took it to be apoplexy. The patient became unconscious yesterday morning at about 11 o'clock. His friends imagined that the unconsciousness was due to morphine, which had been given to him by the attendant physician. I discovered that his right pupil was contracted, and his left one was dilated. I told them that I supposed we would find the lesion on the right side of the brain. Where the pupil is contracted, the oculo-motor nerve is excited, and where depression occurs, the sympathetic filaments supplying the iris have full control of the dilatation of the pupil. I also found that the patient appeared to be threatened with paralysis of the left side. He was able last night to move his arms to a limited extent, also his right leg. When I irritated the sole of the left foot he didn't move his leg, although he made an effort to draw it up. On the theory that there is a cross action, we would perhaps expect that the greatest trouble, the greatest lesion, would be upon the opposite side; that is, in this case, upon the right side. The patient, I was told, had not passed his water for some time; I drew off a considerable quantity of water. There was also paralysis of the rectum. On making the post-mortem examination, I found adhesions between the dura mater and the brain, all along the superior longitudinal sinus. On the surface of the left side of the brain there was considerable blood, and a large free clot posterior to the meningeal artery, about two and a half inches in

diameter. A few small clots were found in the dura mater of this side, but on the right side you will see quite a number of them. The case is interesting from the fact that I found a clot of blood on the side upon which the pupil was dilated, which would indicate that there was compression of some kind. I forgot to mention another lesion on the right side of the anterior portion of the brain, at the junction of the middle and inferior frontal convolutions, about an inch long and three lines wide, presenting very much the appearance of softening."

Now, I think we have a right to know the purpose of this post-mortem examination. Was it for the benefit of science? A coroner would have done a better job; he would have summoned the boys and girls of the neighborhood; the old men and women—all who knew anything about the case. He would not have hesitated to calling in the attending physician. I have known them even to put a dog on the scent, all for the sake of information. But Dr. F. starts out "sorry" he had not a clear history. Why did he not get it? Evidently he did not want it. Had he been as eager to benefit science as he was to bolster up his reputation, he would have gathered a "succinct" history. Why did he not answer the inquiry of my card? Evidently no personal feeling, for I never saw the man to know him. Then it must be *professional*. There he stands, with the man's brains in his hands, "sorry." Yes; a sorrowful picture!! We are sorry for him. Brains—but no "succinct and clear history!" He asks not where information may be found, and gives none himself. The fellow is to be pitied—for science; but when he can't pull the whole load, he will just block the wheels. It is not true that I treated this man for "malaria," and after that "for nothing in particular." A man that will make such a statement, without authority, must be watched. If science depends on such men, it will wait a long time for its achievements.

After making his examination of the brain, does he know what the trouble is? He stumbles over it, and the main difficulty he almost forgot to tell. The very last sentence, "I forgot:" "I forgot to mention another lesion, on the right side of the anterior portion of the brain, at the junction of the middle and inferior frontal convolutions, about an inch long and three lines wide, presenting very much the appearance of softening."

Now, I am prepared to say that my diagnosis was correct from the beginning. From drink, he suffered from cerebral hyperæmia, then encephalic hemorrhage, and, as the final result, ramollissement.

ART. V.—Direct Medication.—By GEO. C. PITZER, M. D.

[CONTINUED FROM AUGUST JOURNAL, 1884, PAGE 368.]

Gelsemium.—The green root tincture of gelsemium is the best preparation to use, but the fluid extract, made from the recently dried root, may be relied upon, and it is at least double the strength of the tincture, drop for drop.

The full effects of gelsemium are evidenced by a stiffness of the eyelids, and if the drug is pushed a little farther the patient is unable to hold the eyes open, suffers from muscular weakness, and dimness of sight and double vision when the eyelids are raised. It is rarely necessary to push the use of this drug so far as this, but upon stopping its use, or withdrawing it gradually, the toxical symptoms very soon subside, and no bad effects are likely to follow. To be sure, gelsemium might be given in quantities sufficient to produce fatal results—a general paralysis of the nerves of motion, as well as the involuntary nerves. When such symptoms arise, and danger is feared, strychnia is the best restorative. Ammonia by inhalation is a good antidote.

Gelsemium exerts a direct influence upon the nerve centres and the general circulation. Its effects upon the nervous system are to relieve irritation and relax muscular spasm. Its influence upon the circulation is to relieve active congestions; especially does it do this when there is arterial fullness about the head.

In nearly all cases of convulsions, whether in cases of children or adults, we prescribe gelsemium. From one to three drops of the green root tincture may be given to a child two years old, and the dose may be repeated every half hour, one hour or two hours, as necessary. An adult may take from ten drops to half a teaspoonful, and repeat as required. Where we find children suffering from or threatened with convulsions, the nervous system excited, the face flushed, pupils of the eyes contracted—no matter what the disease may be upon which these conditions depend—we give gelsemium; and in this case we fre-

quently combine it with bromide of potassium. In a child two years old: R. Tinct. gelsemium, gtt. xxx.; bromide of potassium, ℥j.; water, ℥ij. M. S. One teaspoonful every one, two or three hours. In urgent cases the doses may be repeated every fifteen minutes, till the effects of the drugs are seen, or the patient is relieved, then the intervals between doses may be extended.

In cases of adults, especially in hysterical convulsion of women, even where violent spasms are suffered and the patient unconscious, there is no remedy, to our knowledge, that will afford relief so certainly and speedily as gelsemium given hypodermatically. The dose should be large—at least half a drachm of the green root tincture should be injected at once, and if this does not relax, and give the required relief within an hour, the dose may be repeated. This practice has not failed us in a single instance, and we can recommend it with confidence. The only objection that can be offered is this: It occasionally happens that the tincture excites more or less inflammation at the point where it is injected; but we have never known any serious results to follow its use. We nearly always inject the pure green root tincture, but sometimes dilute it with warm water, and thus render it less liable to excite local inflammation.

As a special sedative for general use in febrile complaints, we do not rely upon gelsemium. It is only where we meet with particular conditions, such as already named, that we can employ gelsemium to advantage in the treatment of fevers; but when we find these conditions, no matter whether it is a violent convulsion from active congestion, as sometimes met with in eruptive fevers, or a simple headache from the same cause, gelsemium alone, or in combination with aconite, or bromide of potassium, will give relief. If the case is one of hysterical convulsions, with great heat at the neck and back of the head, then gelsemium will cure like magic—given hypodermatically, not by the mouth. No matter what the ailment may be, if there are symptoms of active congestion about the head, neck, eyes or face, gelsemium is *the* drug. In cases of nymphomania and satyriasis it exerts a wonderful controlling influence. And it is employed with advantage in irritated states of the bladder and ure-

thra, both in the male and female. Where there is retention of urine or painful and difficult micturition from irritation of the urethral mucous membrane, we order it in full doses, and it is one of the best remedies in use for these cases.

Gelsemium has been recommended for a great many other conditions and complaints, but we are sure that its range has been very much exaggerated. But if we confine its use to the places where it properly belongs, there is no better remedy in the *Materia Medica*.

There are certain conditions contraindicating the use of gelsemium, viz.: where the pupils of the eyes are dilated, the pulse small, feeble or slow, and a condition indicating general nervous exhaustion, gelsemium, even in small doses, might kill. Again, in the eruptive fevers when the active stage of the disease has passed, and especially in scarlet fever, diphtheria and small-pox, and even in typhoid fevers, where the kidneys are more or less involved and their functions impaired, gelsemium, if used liberally, may cause a complete suppression of urine, and indirectly hasten a fatal issue.

[TO BE CONTINUED.]

ABSTRACTS.

Permanganate of Potassium.

As this salt is so readily decomposed, yielding up its oxygen to any organic matter present, it is obviously necessary to be very careful in preparing and administering it. It should be given dissolved in pure water, or in compressed tablets or pellets. I have used the compressed tablets of Messrs. John Wyeth & Brother, of Philadelphia, which contain no excipient, and are, therefore, entirely free from objection, the material being simply compressed without the addition of any foreign material. They are readily administered in this form, or they can be dissolved in pure water, whenever a solution is desired. These tablets are typically adapted to the purpose—indeed present advantages not possessed by any other possible mode of administration.

Ordinary distilled water, after standing a few hours exposed to

the air, begins to exhibit evidences of turbidity, due to the growth of an organism, a penicillum, and after some days it becomes so much clouded with organic matter as to be unfit for the solution of permanganate of potassium. River water or rain water boiled and filtered may suffice for immediate use, but whenever it can be obtained, fresh distilled water should be employed for this purpose. A pellet of this salt may be used to determine the requisite freedom from organic matter. Dropped into the water under examination, the beautiful violet color imparted to it should not be discharged. The prompt disappearance of the color signifies the presence of chemical agencies fatal to the permanence of the salt. The solution should be well diluted when taken, and should be given when the stomach is empty. A small dose repeated at short intervals, say a grain or two every half hour, until four or six grains have been taken, is preferable to the exhibition of this amount at one dose. Given in this way, and commencing the administration in about four hours after meals, the diffusion of the salt into the blood is, probably, secured. There are two periods during the day, when the administration of the remedy can be practised—the proper interval after breakfast, and after dinner or luncheon. The same considerations should govern the administration of the pellets or compressed pills, undissolved, and sufficient pure water should be taken after them.

Therapeutic Applications.—On the chemical actions of permanganate of potassium we have a sure basis on which to construct a systematic therapy. The readiness with which this salt parts with its oxygen, is urged against its real utility as a remedy, but for reasons already given it is concluded that this action does not occur with sufficient promptitude to prevent its diffusion into the blood to some extent, otherwise we should in vain try to account for its practical utility.

Having more or less irritating quality, permanganate of potassium is contraindicated in cases of acute inflammation of the stomach. It is specially indicated in chronic *gastric and gastrointestinal catarrh*, accompanied by fermentative changes in the food. Eructations of gas, vomiting of a yeast-like material containing *sarcinae*, and an acid fermentation of the starchy and

saccharine constituents of the food, are relieved often very promptly by the administration of this salt. As the action is intended to be restricted to the stomach contents, the proper time for the administration of the remedy is two or three hours after meals.

When the catarrhal process extends into the duodenum, and involves also the bile-ducts, this remedy has seemed to be highly efficient. Beside the evidences of stomachal and intestinal indigestion, there is present more or less billiousness, manifested in a muddy complexion, yellow conjunctiva, high colored urine and a general *malaise* due to the presence in the blood of immature materials and unoxidized products of the retrograde metamorphosis. This is a very common state of things and is the result of several factors: improper feeding, catarrh of the gastro-intestinal and hepatic mucous membrane, and improper preparation of the food for absorption. The permanganate, in this condition of things, does good in several directions: it checks fermentation of the food elements prone to this process, acts favorably on the catarrh of the mucous membrane, but especially promotes oxidation in the tissues undergoing metamorphosis, and whilst it thus stimulates metabolism, helps to consume in the normal way the products of waste. Uric acid which appears in the urine, under the action of permanganate of potassium is converted into urea, the form in which it is normally excreted.

It follows from the foregoing considerations, that permanganate of potassium is a remedy of great value in *lithæmia*. Clinical experience is quite in harmony with physiological deductions. In giving this remedy in this affection, two purposes may be accomplished by it: the catarrh of the mucous membrane and the fermentation of the foods may be favorably influenced, and the insufficient oxidation manifested by an excess of uric acid in the urine may be wholly relieved.

It follows, also, from the foregoing considerations that permanganate of potassium must be useful in an affection cognate to lithæmia—the hepatic form of glycosuria, and in this instance, again, clinical experience confirms physiological observation. The special field of its usefulness in relation to diabetes, is in those cases in which there appears to be both over-production of

glycogen, and insufficient consumption, or combustion, or oxidation of this material. It will be found most beneficial in the obese subjects of glycosuria, in whom the presence of much uric acid in the blood signifies at the same time inadequate preparation for absorption of certain food constituents and a supply of oxygen insufficient to convert uric acid into urea. In other forms of diabetes, especially of nervous origin, permanganate of potassium has no beneficial effect.

For the same reason that this salt is useful in lithæmia and glycosuria, it is a remedy for obesity. According to the observation of the writer, there is no remedy more effective than this in the treatment of *obesity*, and for the relief of the disorders of digestion which have a pathogenic relation to this malady. Of course, certain changes in the diet must be made and active exercise enjoined, but the good effects of the remedy are manifest without any aid from a change in diet and from exercise. The *methodus modendi* is, so to speak, of the physiological order. The surplus and useless material, such as under existing circumstances is transformed into fat, is oxidized and consumed, and is excreted as carbonic acid and water. As it acts thus, to increase the performance of a function, obviously the curative effect is an exercise of a physiological power, and different from all the usual remedies for obesity, does not operate injuriously if used with the least discretion.

One of the most important therapeutical applications of the permanganate of potassium, and a recent discovery, is in the treatment of *amenorrhæa*. We owe this valuable improvement, as indeed many others, to Drs. Ringer and Murrell. They have shown that this remedy is remarkably certain when applied in suitable cases. Given in doses of two to five grains three times a day for several days preceding the menstrual molimen, this agent is quite sure to start the flow. The kind of case to which the permanganate is adapted is that characterized by torpor, anæmia, or deficient activity of the menstrual apparatus. On the other hand it is contraindicated whenever an acute congestion or a general condition of sthenic reaction exists. Confirmatory evidence has been offered in this country, as well as in England and on the Continent. For example, we find the following

coming from Russia: Dr. S. M. Lvaff prescribed it in ten cases of amenorrhœa. In seven of these the remedy succeeded—the menstrual function was restored to its normal activity.¹ The good results achieved by the use of the permanganate in amenorrhœa induced Dr. A. V. Vargunin to essay its administration in *dysmenorrhœa*, characterized by scanty menstruation and anæmia. In this case, also, the result was fortunate, and complete relief was obtained.² Congestive or mechanical dysmenorrhœa are conditions not suitable for the action of such a remedy.

It is probable that *functional impotence* in the male will be improved by this remedy, provided the conditions present are those of anæmia and depression.—*Bartholow in Medical News.*

Medicinal and Non-Medicinal Therapeutics.

Dr. Austin Flint, Sr., delivered before the first annual meeting of the New York State Medical Association an address on Medicinal and Non-Medicinal Therapeutics. From the essay, which is published in full text by *New York Medical Journal*, we glean the following: Outside of the profession, most people believe that professional eminence is based on superior attainments in medicinal therapeutics, having no appreciation for the skill of the physiologist, the pathologist, or the diagnostician. In view of this, it is now more politic for the physician to administer than withhold drugs.

The time, however, is not far distant when the physician will not be regarded solely as a therapist, but as a medical counselor, having for his function the preservation of health and the prevention as well as the treatment of disease. To effect this, the patient should be taught that most medicinal agents are curative, not directly, but indirectly, by removing obstacles which stand in the way of recovery; that nature is the efficient curative agent, and that the physician is nature's servant. When these things are generally understood by the public, the profession will hold a more exalted position. The standard of medical education will necessarily be elevated, and the usefulness of the profession increased.

¹Medicinsk Vestnik, No. 43, 1883. Quoted.

²Vratch, No. 3, 1884. Quoted.

At the present time there is great diversity of opinion as to the importance of drugs. Some practitioners have an excessive and unwarrantable faith in drugs. Others are excessively and unwarrantably skeptical. The truth lies somewhere between these two extremes. The difficulties in the way of determining the exact value of a drug are very great, and until quite recently our knowledge rested entirely upon an empirical basis. This was true of cinchona and other antiperiodics, as well as of mercury and iodine, the antisyphilitics. Formerly it could not be stated how these drugs acted; now we know that it is through their power as parasitocides. This knowledge is due to the discovery of the parasitic origin of certain diseases. It is probable that in the not distant future we shall be able to control all the essential fevers, with cholera, pertussis, and phthisis pulmonalis, etc., and that we shall have a particular parasiticide for each of the specific parasites of these diseases. Alimentation is an essential factor in therapeutics. It must not be lost sight of that frequently patients may die of starvation; especially is this true in fevers. *No patient can be over-fed, so long as the food taken is digested and assimilated. The appetite and sense of taste are nature's indications as to diet.* There are, however, certain diseases, in which, because of the patient's morbidly blunted perceptions, instinct fails to express the needs of the system; *especially does this condition exist in typhoid and typhus fevers. In these conditions, milk and eggs satisfy fully the nutritive needs of the system, and there is no substitute for them.* The value of beef tea, meat juice obtained by pressure, infusions, decoctions and extracts, is highly over-estimated, and have led to the loss of many lives by starvation. The method of preparing meats by the Leube and Rosenthal plan, by which they are brought to the condition of peptones through artificial digestion, should be properly appreciated by physicians. Many disorders, especially those of the nervous system, are often due to insufficient alimentation. This is a fact, proved by the success of the nutritive treatment inaugurated by Weir Mitchell. In speaking of alcohol as a food, the author says: "I feel warranted in affirming that in a certain proportion of the cases of phthisis alcohol antagonizes the progress of the disease, and that in the continued fevers, it is often a means of saving life. It is indicated in all febrile diseases."

In conclusion, he refers to the influence of the mind over disease. This should be borne in mind by the physician, who should ever strive to have the patient look on the bright side of his case.

Cocaine and its Salts.—By E. MERCK, OF DARMSTADT.

The formula of cocaine, an alkaloid of the leaves of *erythroxylon coca*, (Lamarck), which was isolated in 1860 by Niemann, is $C_{17}H_{21}NO_4$. In 1862 Lossen found a second basis in the coca leaves, which has no characteristic action, called hygrine; the leaves further contain ecgonine, tannic acid and a peculiar wax. The crystals of cocaine are monoclinic; they melt at 98°C .; are easily dissolved in alcohol, easier still in ether, but only in 704 parts of water at 12°C . The cocaine salts, however, are easily dissolved in water.

The first news of the action of cocaine leaves dates back as far as the sixteenth century (Dr. Monardes, Sevilla, 1569); in 1749 the plant was brought to Europe, described by Jussieu, and called *erythroxylon coca* by Lamarck.

Investigators, for instance Tschudi, Markhem, Poppig and others, while traveling in South America, observed that the natives chewed the coca leaves when desirous to counteract the depression of especially fatiguing work. The Indians chewed the leaves together with the ashes of *chenopodium quino*, thus eliminating the tannic acid by the alkali and setting free the alkaloid.

Since cocaine has been successfully prepared, it has been thought to be the active principle of the coca leaves.

Cocaine, in small doses, acts upon the nerve centres and upon other nerve regions mostly as a stimulant; in large doses it paralyzes. It kills the warm-blooded animals, which are less affected by it than the cold-blooded ones, by paralysis of respiration. Although there can be no doubt, therefore, that cocaine is a poison, its toxic effect is but small and its action not cumulative.

According to Fronmueller, who studied the narcotic properties of cocaine in 1863, doses from $\frac{1}{2}$ to 5 grains given internally had no marked effect. In some cases they produced sleep. Pulse and respiration, first accelerated, became later on subnor-

mal. In an individual, who tried to commit suicide, a dose of 25 grains of cocaine caused no disagreeable result. The dose by which death can be produced must lie, therefore, very high; at least if the preparation used was pure cocaine.

The effective dose of my soluble muriate of cocaine appears to be in man about one grain (0.05 gramme).

After hypodermic injections of a diluted cocaine solution, a feeling of heat appears at first, then the site of the injection becomes insensible and red, and after about thirty minutes everything has disappeared. When placed on the tongue cocaine paralyzes the nerve-action.

Recently Dr. Th. Aschenbrandt recommended cocaine highly, especially in cases in which the body is weakened by diarrhoea. Within a few months past Dr. E. V. Fleischl and Dr. S. Freud, in Vienna, experimented with cocaine. The former states expressly that cocaine in hypodermic injections is of enormous value in morphine habit. This fact alone is likely to secure for this remedy a lasting place in the pharmacopœia.

The muriate of cocaine has been used by these investigators in an aqueous solution in doses of from one to two and a half grains and as high as seven and a half grains *pro die*.

Cocaine is a stimulant which increases the active properties of the body for some time, without being dangerous. Its effect is more invigorating than that of alcohol. Its usefulness in long marches, ascension of mountains, etc., is evident. Whether it will have the same invigorating influence on mental work, is an open question, as, also, whether the alienists will be able to make continued use of it, in order to stimulate the action of the nerve-centres. It has been used hypodermically for months in melancholic individuals in doses varying from grain $\frac{1}{4}$ to grains 2, and with some success.

Cocaine is a stomachicum; after debauches in eating and drinking it causes rapid restoration and normal appetite. (Dose grain $\frac{1}{4}$ to grain $\frac{1}{2}$). In atonic weakness of the digestion and nervous disorders of the stomach a lasting restoration may gradually be reached by cocaine. It is of great value in cachexia, in phthisis, grave anemia and consuming fevers. It is further stated, that in continued use of mercurials, cocaine prevents mercurial cachexia.

The greatest future for cocaine lies undoubtedly in its usefulness in the treatment of morphine habit and alcoholism. As the morphine is gradually withdrawn, the doses of cocaine are increased; when morphine is withdrawn at once about grains 2 (0.1 gramme) are injected as soon as the craving for morphine shows itself. Keeping such patients in special homes is, therefore, unnecessary. Dr. Freud, who saw one such case get well after a ten day treatment with cocaine (grains 2 subcutaneously three times a day), thinks that there exists a direct antagonism between morphia and cocaine.

Cocaine has also been recommended as an aphrodisiacum, and Dr. Freud has experienced a marked sexual irritation after the use of cocaine.

I desire to say that all the statements made refer to my preparation, cocainum muriaticum solub. Merck. I have no doubt that the other cocaine salts will be found to be of equal efficiency.

Ecgonine is being tried with regard to its physiological action, and I shall report on it later on.—*Medical Review.*

On Uterine Hemorrhage and a New Method of Treatment.

Richard Richardson, L. R. C. P., Rhayader, read, in the Section of Obstetric Medicine of the British Medical Association, the following: The treatment which has been most successful in my hands during a period of twenty years, and which can be easily applied without any apparatus, consists in iron alum, when applied in crystals of the size of a hazel-nut, or even larger in a severe case. It is to be introduced with the finger up to the os uteri (and not into it), and there allowed to remain. The uterus will at once contract, a firm coagulum is formed, and the hemorrhage at once ceases. Iron alum is also antiseptic, as I have removed clots on the fourth and fifth day after its application which were quite free from any disagreeable odor. In a case of very severe hemorrhage, two or three days afterward, I inject a little warm water (to which may be added, if you like, a little Condyl's fluid) and remove the clots. It is perfectly free from danger, and I have never known it to fail.

CASE I.—My first application of iron alum was in the case of a woman, aged forty-three, troubled with metrorrhagia for about

nine days, and recurring every two or three days; she was the mother of six children, the youngest of whom was four years old; the catamenia had appeared very regularly since she weaned her last. She was sure she had not aborted, as she was "poorly" a fortnight antecedent to the hemorrhage, which was the proper time for menstruation. On examination, I discovered a granular ulceration of the cervix; I treated her with quinine, digitalis, gallic acid, and sufficient dilute sulphuric acid to dissolve the ingredients. She was ordered to remain in a recumbent posture, with cold cloths applied to the vulva. In three days the hemorrhage again came on. Two days subsequently to this I determined to try iron alum, and introduced a small crystal of the size of a pea; the bleeding ceased at once. On the following day I examined the patient, finding two or three clots in the vagina which were perfectly dry, and which crumbled between the fingers on rubbing them; I injected warm water and examined the os, which was now nearly free from all granulations. Another piece of iron alum was applied, and there was no recurrence of the discharge. On the fourth day the granular ulceration had thoroughly healed, and the patient was cured. For some time she was very anemic, and required iron tonics; but she soon recovered her strength, and has been well up to this time.

CASE II.—An abortion happening to Mrs. W., who had given birth to two children previously to this, the youngest being two years old; she was now advanced three months in pregnancy, and awakening one night found herself saturated with blood. I found her in the following state: the napkin and sheets were completely soaked in blood; pulse, 120; lips blanched; cheeks pallid. The os uteri was very little dilated, and pains were coming on at long intervals. I applied a crystal of iron alum of the size of a nut to the os; the discharge stopped. Ergot and opium were administered every two hours. On the second day there was no pain, and no reappearance of the discharge. The patient slept well during the night; there was no internal hemorrhage; the os was not dilated; pulse, 96; ergot was ordered to be continued every two hours. On the third day there was a good deal of bearing-down pain, but no hemorrhage; ergot was

ordered every quarter of an hour. Two hours afterward the ovum was expelled complete, and appeared like an old clot; there was no hemorrhage. The patient soon convalesced.

CASE III.—The next case was one of menorrhagia in a lady, aged forty, the mother of six children, the youngest being four years old. Her last two periods were excessive, lasting seven or eight days, with a slight mucous discharge for some days afterward. I was sent for on the sixth day; she then had a copious discharge of blood. On examining her with the speculum, I found she had endo-cervicitis. I applied the iron alum with perfect success, and prescribed quinine and iron. During the next monthly period she had the same treatment on the fourth day. From that time she quite recovered, and six months later was pregnant. She went to the full term, had a natural labor, and gave birth to a daughter. The patient recovered rapidly.

From that time to this, I have used the remedy in all cases of uterine hemorrhage, where an immediate styptic was required, in accidental, unavoidable, and post-partum, as well as in secondary hemorrhage. I shall briefly quote two or three extreme cases to prove its value.

CASE IV.—I attended Mrs. J. in a previous labor, when she had a frightful post-partum hemorrhage. I then had to inject liquor ferri perchloridi three times before the bleeding stopped. The second time I attended her, and used every precaution during the labor; the hemorrhage appeared notwithstanding, as soon as the placenta was expelled. I injected the perchloride of iron once, but with no effect; I therefore introduced a good-sized crystal of iron alum, which stopped the flow at once. I should have remarked that this patient showed all the symptoms of embolism in her first labor, which placed her in extreme danger for twenty-four hours.

CASE V.—Another case was that of Mrs. P., who lived four miles distant in the country. The child was born before the messenger started, he bringing the intelligence post-haste that the woman was flooding to death. After a hurried journey, I found the patient quite moribund, pulseless at the wrist, cold and completely blanched. The placenta was expelled, and the bed

thoroughly saturated; there even was, a pool of blood on the floor under the bed, the blood having percolated through every thing. I applied the iron alum at once, and injected sulphuric ether hypodermically into the arm, repeating this in ten minutes. A quarter of an hour afterward the pulse became perceptible in the large vessels. I gave her brandy and milk every half-hour. She had no further hemorrhage: the binder was applied, and I left the woman, with the caution that her head should not be raised from the pillow. Her convalescence was slow, and it was a long time before she recovered her color.

CASE VI.—I shall here give a short description of a case of secondary hemorrhage, occurring with Mrs. P., who lived ten miles away. I was sent for in her first childbirth. When I arrived the child was born and the placenta delivered. I asked the nurse where the placenta was; she said, "it is buried." I always like to inspect the placenta, thus knowing whether it is all come. The patient seemed to be going on well; no hemorrhage; there was no pain; the pulse was 78; and the binder was properly applied. On the sixth day, I was sent for in great haste, as the woman was flooding frightfully. On my arrival I found the patient very weak from loss of blood. I applied iron alum, and prescribed quinine and ergot. Three days afterward a small piece of placenta was expelled, together with an old clot of blood; the woman gradually recovered.

I have a record of eighty-two cases of uterine hemorrhage where this remedy was applied without a single failure: menorrhagia, ten cases; metrorrhagia, eighteen; abortions, fifteen; accidental hemorrhage, seven; unavoidable hemorrhage, four; post-partum hemorrhage, twenty-two; secondary hemorrhage, six.

In post-partum hemorrhage, it is advisable always to clear the uterus of clots, or any portion of placenta, before applying the crystal; also, in accidental hemorrhage, when there is detachment of placenta, should the case appear to be one where there is no chance of carrying it to full term, the membranes ought to be punctured, and the iron alum applied in the usual way. There is no fear of any very great hemorrhage coming on afterward; in a slight case the iron alum will stop it; but, if the hemorrhage

should recur, it would be advisable to have recourse to puncturing the membranes and induce labor. By way of comparison, I shall here enumerate most of the local remedies hitherto used in uterine hemorrhage; namely, the tampon, compression, friction, galvanism or electricity, ice, injection of hot and cold water, cold water applied to the vulva, cold douche on the abdomen, pressure on the abdominal aorta; and last, but not least, the injection of liquor ferri perchloridi. Most of these require apparatus for their application which may not always be at hand; and, in addition, some time would be taken in their preparation and administration. Furthermore there is the always present danger of injecting a styptic into the open mouths of the uterine vessels; also cold applications, when the body is already too cold, must be injurious. Now, iron alum does not require any apparatus, or any preparation, as it is already at hand; it will bring on immediate contraction of the uterus, which is the chief aim and object in the treatment of these cases; as remarked before, it does not require to be introduced into the uterus, only into the vagina, close to the os uteri, and there left. The preparation is both cheap and effectual.—*American Practitioner.*

Horsford's Acid Phosphate in Mental and Physical Exhaustion, Nervousness and Diminished Vitality.

Dr. C. M. Lindley, Brooklyn, Ind., says: "I have given Horsford's Acid Phosphate a fair trial in mental and physical exhaustion, nervousness, diminished vitality, and in the tedious convalescence from typhoid fever. It has more than realized my expectations in the above-named diseases. I should advise the profession to keep it on hand."

Soluble Sugar-Coated Pills.

I have used William R. Warner & Co.'s Sugar-Coated Pills for more than fifteen years, and I do not hesitate to say that, in respect of solubility, they are superior to any coated pills I have ever tried, not excepting those coated with gelatine. They possess one quality which I do not find in most other pills, viz.: a moist condition of the enclosed ingredients.

ROBERT HUBBARD, M. D.

EDITORIAL.

Medical Legislation.

In a recent number of the *Eclectic Medical Journal*, Prof. King took issue with us regarding the policy we ought to pursue, as eclectics, in the establishment and support of State Boards of Health and Examining Boards. We had advocated the organization of state boards; had favored special medical legislation, not merely as matters of policy, but because we really *favored* them, and we had given our reasons therefor in papers written for THE AMERICAN MEDICAL JOURNAL. Prof. King had previously written an essay on Medical Legislation, which he had read at the National Eclectic Medical Association in Cincinnati, and the positions we took differed so widely from those advocated by him, that he thought it best to notice us.

Prof. King's reply appeared in the *Eclectic Medical Journal*, and the substance of this paper was sent to Prof. Scudder for publication in his Journal, as a rejoinder to Prof. King. Here is Prof. Scudder's reply to us:

"CINCINNATI, O., DEC. 8, 1884.

DR. GEO. C. PITZER, *My Dear Sir*:—We have closed the subject of Medical Legislation in our Journal, unless something very new comes up. We cannot afford space for it, and no good can come of it. In five years from now you will probably believe as we do.

Yours,

JOHN M. SCUDDER."

This snubs us, of course, and leaves us to use our own JOURNAL for both sides of the argument. We thought, as we had so generously admitted the paper of Prof. King in reply to Prof. Younkin, in our JOURNAL, and as Prof. King had made a direct strike at us in the *E. M. Journal*, that we should have a chance to reply through the journal where we were attacked. Comment is unnecessary.

In our papers we had advocated equal rights and privileges for all, and asked no favors shown us that were not granted to

others. We plead for laws that might rid us—all branches of the medical profession—of pretending imposters. We held that the tendency of Prof. King's essay was toward evil results; that the quacks could not ask for better support; and that the regulars wanted no better evidence of our quackish proclivities than the special pleading of this veteran and leader, Prof. King, and especially when supported by the action of the National Eclectic Medical Association. As evidence of the correctness of these views, regarding the evil results of this essay, we have only to refer to the character of many of its supporters. Since the reading and publication of this essay the traveling and advertising quacks all over this country have taken it up, and Prof. King's opinions are sought, cherished and widely heralded by this class of men, and especially by Dr. W. H. Hale, the editor of *Health and Home*, a man whom we have learned to avoid in every way, and whose paper sustains everything but a reputable character. All this is unfortunate, to say the least, for Prof. King is no quack, and all who know him admire his ability and accomplishments. It is to be greatly regretted that he advocates such a damaging and destructive policy, for his reputation as a good man, able teacher and author, gives character to his essay; and while traveling quacks read and quote Prof. King with great pleasure, it is also true that his essay has many honest, earnest and intelligent supporters—too many of this class for the good of the eclectic cause. These men seem to look at Prof. King only; and because *he* says so, they think it must be so. They do not seem to think for one moment that a wise man may occasionally make a mistake. The facts are these: Prof. King, in his ardour for freedom and hatred of old-schoolism, has taken most extreme grounds; and urges a policy not at all suited to the times nor the emergencies of the case. He does not seem to realize that the issues now before us are quite different from those in the early days of eclecticism; and that the character of the opposition is very different also. But if Prof. King and the advocates of his essay persistently pursue the course they have marked out, they will soon realize that they have been paving the way to their own funerals.

It is no longer a question whether we shall have State Boards

of Health or not, for we already have them in twenty-seven states, and wherever they are tested the courts are deciding in favor of their constitutionality, and their legal rights to regulate the practice of medicine. We may cry oppression, plead for freedom, and ridicule the course taken by certain boards of health, and from our stand-point our arguments may appear unanswerable; but in dealing with this supposed wrong, we should realize that we meet a living thing, possessing formidable dimensions, immense power and influence, and if we would obtain anything like our just deserts, we must do what we know we *can* do, and not attempt to accomplish unreasonable results by abusing the authorities, black-guarding boards of health, and damning every professed eclectic in the profession who dares to advocate a policy different from that recommended by some of our leaders.

We may talk as much as we please about the Allopathic origin and selfish objects of these boards of health, and we may tell of the indifference on the part of the people regarding their organization, and we may utter a great many truths, but there are some things that we cannot deny: no matter if Allopaths did exert themselves in organizing these boards, we have them, and the very men that urged their formation will spend their time and means to sustain them, and the majority being largely on this side of the question, the chances, to say the least, are greatly in their favor. Again, it matters not whether the people wanted or asked for protective boards or not, they are now organized, they are in active operation and sustained by the courts, and instead of the people being indifferent to their presence, since their organization, they are waking up in interest, and a large majority of the people are in sympathy with boards of health, and will aid in their support, especially when they find that at least nine-tenths of the physicians in the country are in favor of them.

Now, knowing all this to be true, the only question for us to settle, as Eclectic physicians, is the best course to pursue in order that we may have a *fair representation in all State Boards of Health, or Examining Boards*, as the case may be. For us to argue against the establishment of health boards, or

work for their abolishment, would be lost time. We had just as well go back and advocate the propriety and policy of yet electing St. John to the Presidency of the United States, and putting Cleveland out; and all the big strikes of Profs. King, Adolphus and Wilder are as puerile as an argument like this would be. They are out of time and place. These old veterans certainly think they are still living away back in the early days of Eclecticism. Do they not know that the great majority of the people and physicians are favorable to these State Boards, and that the government, through her courts, sustains them, and that their popularity is increasing daily? These are the facts, nevertheless, and we can only work for amendments, and make vigorous efforts for fair representation and just treatment. And if we behave ourselves properly—don't make fools of ourselves—we need have no fears about obtaining justice. To be sure, as in all cases where the odds is great, individuals, and even whole communities, may suffer from oppressions for a time, but justice will finally prevail. However indifferent any people may be about the establishment of any law, they will not tolerate, for any considerable length of time, the unjust treatment of deserving individuals, nor suffer innocent people to be imposed upon by the execution of unjust laws. If we conduct ourselves in a manner that will insure the respect and earn the confidence of the people in the community where we live, each of us, no matter what may come, we cannot be hurt very much. But if we resist or defy existing laws, refuse to be governed by the same rules that are imposed upon other schools of medicine, then the authorities will be inclined to be distrustful of us; and they ought to be.

Unless we show ourselves worthy, willing and obedient, we cannot expect public offices or positions of trust; and the chances are that we may suffer evil consequences if we discourage and labor to embarrass State Boards of Health. If we use our means and employ our talents to break them down, instead of laboring to sustain them and make them what we think they really should be, we need not expect any representation upon them, for we can never get it. And it is very certain that unless a different policy from that marked out by Prof. King, and seconded by

Drs. Wilder, Adolphus and others, is pursued by us, the time is not far distant when the Eclectic school of medicine will be extinct. Why? Because, if we pursue the course these men advocate we cannot expect any fair representation upon Health and Examining Boards, *and this is our only safeguard*. Whenever we fail totally to obtain any representation on these boards, and especially through apparent faults and mistakes of our own, then we are gone. Graduates of Eclectic medical colleges that have opposed Health and Examining Boards and that are held under restrictions will naturally fear straight Allopathic boards. Students will attend colleges whose graduates will not be liable to suffer from embarrassments, and the classes of defiant colleges will dwindle away to nothing. How does this look? Are we willing to give up all we have, and go on crying "freedom," "liberty," "we'll live and die in the tracks of our fathers—Beach, Jones, Morrow, etc.," just for the privilege of doing so, and for the good feelings it may give us in the dying hour? No, we are not willing to sacrifice so much; but just so sure as the policy of Prof. King is persistently advocated by our leaders, and the National Eclectic Medical Association pursues the course its masters are now taking, and we fail to obtain an equitable representation upon State and local Examining Boards, good-bye to Eclecticism as a distinct school of Medicine. But, if we earnestly claim our rights in good faith, and work in harmony for a fair representation, and quit all this foolish cry of freedom, oppression, etc., we may secure at least one representative in every State Board of Health and Examining Board in the States, as we now have it in Missouri and Illinois. This public recognition, by the authorities, will positively and forever insure to us an identity as a distinct and reputable school of medicine, and will mean prestige, patronage, popularity and power. A representation upon all these boards is what we most need, and what we must have, and we can get it if we go about it in a proper manner; and we can hold it, if we behave ourselves as becomes us. Will the readers of the Eclectic medical journals make this matter an object of special thought, and work for it, that we may live and keep up our identity, or will they blindly cast away the last opportunity and suffer themselves to be ignored and appointed

out of existence? This may all seem like idle talk to many of our readers, but we are inside, and think we know what we are saying. Remember, State Boards of Health and Examining Boards *will live*, and we need not fight for their destruction. If we can be represented in these boards, *we will live also*; if not, then *we die*. We sincerely hope that a judicious, wise policy may be agreed upon and adopted.

Biographical Sketch of Prof. Edwin Younkin, M. D.

Is it a fact that the shape of a man's head has anything to do with his mental powers?

Can it be shown that one devoted to literature and science will in time acquire a particular conformation of brain, corresponding to his mental employment? If a philosopher looks like a philosopher, and a fool looks like a fool, will not a doctor look like a doctor?

Boxers and gladiators do not look like preachers and teachers; nor do robbers and murderers resemble good and honest men. If a man is known by the books he reads and the company he keeps, why can't he be known by his looks?

Herewith we present the likeness of Prof. Edwin Younkin, M. D., of whom many of our readers have already drawn their ideal picture, as they have read from the productions of his pen. This is a fair profile—an artotype.

You will observe the form and features; the prominent forehead; keen eye; striking nose, and exuberant beard. In fact, you will look the picture all over and compare it with your ideal picture.

Edwin Younkin was born March 19th, A. D. 1838, in Somerset County, Pennsylvania. His father, Jonas Younkin, was a physician, and had a family of seven sons and two daughters; the sixth and seventh children were girls. It was determined in very early life that Edwin should be the doctor, though he was the fifth of the family. His father, Dr. Jonas Younkin, was of German extraction, though the mother was American, perhaps of Scottish origin.

Dr. Jonas Younkin practiced medicine for twenty-five years in the county where Edwin was born, and gained some distinction in

his profession. He was of the New School, as it was known in those days. The reformed practice in that day was in its crudity, and physicians, from necessity, dug their own roots, gathered their own herbs, and prepared their own medicines.

Edwin's father resided at the foot of the Laurel Hill Mountains. He had his drug-mill, which was made from a section of a large gum tree that in its hollow cavity had fixed two large-mill-stones, and which were made to run by a hand-sweep. Edwin took much delight in gathering drugs, which grew abundantly in the mountains and valleys, and, after drying, they were ground in the mill. Thus the subject of this sketch was literally born and reared in a physician's office, where he gained a practical knowledge of medical botany and the methods of compounding drugs according to his father's art. In very early life he was, therefore, called the young doctor by his brothers and associates.

Up to the age of thirteen years our subject had received a fair common-school education. He had learned to read, write, spell, and had made advancements in mathematics, geography, etc.; but in 1851, when Edwin was thirteen years of age, his father pulled up from the old homestead to try the "wild West." In eighteen days sailing down the Ohio and up the Illinois rivers, the family made the trip to Hennepin, Ills., where they landed, and moved westward.

For six or seven years Edwin's life was that common to boys in a new country—but few school privileges afforded, and his time was largely occupied in driving six to eight yoke of oxen to a huge prairie plough, or in other ways opening up the western farms.

With all, however, the early purposes were not to be forgotten, and at night time and upon rainy days Edwin was found pouring over his father's library. During this western life the father had attended to his practice, while the sons carried on the farm; but now, on account of the failing health of the father, Edwin was called into the rougher part of the professional riding. Feeling, however, that further preparation was necessary, and that his education was too limited, the subject of our sketch determined to strike for greater preparation. He told his father his intentions, and left home when nineteen years of age. This step was

not quite pleasing to the father, as it was felt that the boy could not be spared. After attending a district school one term, he entered a seminary in Kewanee, Ill. While attending school at this seminary he joined the Baptist church, but finally united with the Christian church. Manifesting a talent for public speaking, he was urged to the ministry. He was ordained a minister, and preached acceptably for a number of years; his labors were quite successful, and were crowned with numerous converts. In 1859 he entered Abingdon College, in Knox Co., Illinois, as a student, where he pursued his studies in the English branches, and made some advancement in Greek and Latin, though not to entire completion or graduation.

The practice of medicine still dominating in his mind, he gradually drew out of the ministry and set himself more earnestly to the medical profession. It was in the above college where he formed the acquaintance of Miss S. M. Hart, whom he married, April 28th, 1861. He has now two children, both daughters, and now young women. Shortly after his marriage he settled in West Liberty, Iowa, where he practiced medicine and passed through a severe epidemic of typhoid fever without the loss of a patient. He contracted the disease himself, and claims that his recovery is due to the nursing of his wife and mother. In 1863 he removed to Long Grove, Iowa, and met with an epidemic of diphtheria of the malignant type. In 1865 he sold out and entered the E. M. Institute, of Cincinnati, and graduated in the Spring term of 1866. Returning now to Abingdon, Ill., where he formerly entered college and met his wife, he began his practice and soon became widely known in that country. In 1872 he was burned out of all he had, and no insurance, and shortly after this he was induced to go to Leavenworth, Kansas, where he met with other misfortunes, the results of drouth and grasshoppers. In 1875 he received a call from the trustees and faculty of the American Medical College to take charge of the Chair of Surgery, a position which he has held ever since.

Professor E. Younkin has been a hard worker, and has made his way through many embarrassments. He has filled public stations, civil, religious, political and professional. He has, with some, assisted in their birth; treated them in disease; tied the



ARTOTYPE.

BENECKE, ST. LOUIS.

*Yours Truly
Edwin Younkin M.D.*

gordian knot; performed the baptismal ceremony; and performed the last solemn rites of their funerals.

He has gone to the head of the medical profession, having been president both of the State and National Associations. As a surgeon he is known all over the United States, and is the acknowledged ovariologist of the West. He is quick of perception, and acute as a diagnostician.

As a lecturer, he is smooth, terse and logical. He centralizes his thoughts and feelings, and is capable of eliminating from his mind all considerations that do not belong to his subject. His language is characterized by precision and method. He deals with facts, and at times rises into the eloquent.

He is not much preyed upon by external surroundings; he is fearless and independent, caring more for a conscientious right than what others might say of him. Like the oak, he meets the breeze without succumbing to it; he wastes no time in display, and in an argument burns but few blank cartridges. He has held several public debates upon different topics, and is rather fond of discussion. Whatever may be his dislikes to what he deems untenable ground, he exercises great liberality in his feelings towards his opponent. His ideas, when wrought upon, are affluent, and culminate in keenness of expression, and at times in sarcastic witticisms and irony. His temperament contributes sprightliness of manner, though his intellect is of the German type.

Prof. E. Younkin has strong benevolence, which impresses his character with friendship and sympathy. He has often given his services, and at the same time drawn from his pocket the last dollar for the relief of suffering. He trusts to energy and practical skill rather than to luck and fortune. He is now in his 47th year, and is enjoying good health.

Right of the State Board of Health of Missouri to Reject the Diploma of a Medical College.

In the case of *Granville vs. The State Board of Health*, the Supreme Court to-day decided, in an opinion delivered by Judge Sherwood, that a medical college incorporated under the laws of the State has the right in its corporate capacity to issue

diplomas as evidence that the person to whom a diploma is issued has pursued the course of study prescribed by the college necessary to entitle him to such diploma. It was also further decided that the mere fact of his holding such diploma and presenting it to the State Board of Health for verification did not make it compulsory upon the Board to issue him a certificate entitling him to practice medicine, inasmuch as the law requires that the Board shall require proof that the diploma was issued by a medical college in good standing, and have the power to pass upon the evidence offered, or to make such investigation regarding the standing of the college as will satisfy them that it is a medical college of good standing. Inasmuch as relator, in presenting his diploma, offered no evidence to show that it was issued by a medical college in good standing, his petition is held to be fatally defective, and the demurrer to it is sustained, with leave to the relator to plead further.

The above is an action brought against the State Board of Health of Missouri for refusing to issue a certificate to one E. J. Granville, holding a diploma from the Kansas City Hospital College of Medicine. The decision of Judge Sherwood sets forth the fact clearly that a medical college must not merely possess a chartered right to issue a diploma, but that the holder of the diploma, in order to practice medicine, must possess a diploma from a medical college, chartered and in *good standing*. State Boards of Health thus far have taken the ground that the term "good standing" implies that colleges must have a good record, and must stand in with the school to which they belong. An evidence of good standing in the schools is made to signify that colleges must be recognized with their respective State and National Associations. This is right, and will only stimulate more watchfulness and greater need of thorough organization.

The idea of it all is, therefore, to make State Boards, and State and National Societies, kind of acting vigilance committees, who in time will suppress the disgraceful practices of a few lawless cranks who try to run rough-shod over the rights of the profession. The above college was a hybrid. It belonged to nothing; but claimed to have Allopaths, Homeopaths and Eclectics on its faculty.

Y.

White Lead, Iron and Strychnia in Erysipelas.

In the London *Lancet*, Dr. Day recommends white lead in erysipelas, to be prepared as follows:

1. Take half a pound of white lead and thoroughly mix it with mastic varnish to the consistency of thick paste.

2. Take sulphate copper, sulphate zinc and acetate lead, each forty grains.

Rub these together in a mortar till they form a thick paste; this they do in about five minutes.

3. Mix these two pastes thoroughly together; then add about a pound of linseed oil, so as to make the compound the consistency of paint. Apply to the parts.

Dr. Day's method reminds me of an experience I had with an epidemic erysipelas in 1864:

In a large neighborhood the erysipelas prevailed to a fearful extent, and those affected all took the disease first at the side of the nose. In making my rounds, an aged Scotchman, who seemed to grow worse under the treatment, of which the tincture muriate of iron was the chief remedy, had covered his face with white lead, taken from his paint keg. He first spread it upon muslin, with holes cut for the eyes, nose and mouth. To my surprise, the recovery was more rapid than with others who carried out my treatment. Since that time I have frequently used white lead for the disease, and in a similar manner, and with good results.

The Use of Strychnia in Erysipelas.—One other thing I learned in the above epidemic: My patients had suffered with great depression under iron, quinine, milk and beef-tea—their tongues so badly swollen they could not speak; general stupor, and the erysipelatous invasion over the face, scalp, and down the neck.

I thought of strychnia; and combining it with tinct. ferri mur., it operated like magic. In a few hours my first patient was greatly improved. R. Tinct. ferri mur., gtt., xx; King's solution strychnia, gtt. v. Mix. To be given every two hours in a little water.

I thought this improvement might only be accidental, but an experience of twenty years has convinced me that strychnia and iron combined are the remedies in erysipelas.

I do not now wait for the depression, but commence with strychnia at first, and I have so much faith in this remedy that if compelled to choose between iron and strychnia, I should take the latter. Y. .

Excrescences of the Female Urethra.

The female urethra is peculiarly liable to morbid growths, called *vascular tumors* or *urethral hemorrhoids*. These neoplasms are sometimes single, but often multiple. They may be pedunculated, but sometimes on broad bases. Their most frequent site is near the meatus, though sometimes they extend far into the canal, so that their exposure is attended with difficulty. They resemble very closely the pile-tumors of the rectum, though, of course, usually smaller. The meatus is often seen jutting with little red growths that fill up the canal. They are peculiarly sensitive, prone to bleed, and are liable to extrude if near the meatus. In all these respects they are very similar to piles. The suffering caused by these little growths is often very great. As the urine passes over them great tenesmus and smarting ensues.

Ladies often describe their symptoms, and think the doctor ought to tell the trouble and cure it without exposure, but it is impossible, and hence an examination must be made. The cure of these excrescences is attended with considerable difficulty. Though they may seem small and quite superficial, yet they are not really so; and, unless completely destroyed, they will grow again. When pedunculated, they may be grasped with forceps and twisted off; or, when situated near the mouth of the urethra, a ligature may be made to enclose them so tightly as to cut off their nutrition. I often take a match, cut off the phosphorus, round up the end; dipping this pine stick into nitric acid, I thrust it into the urethra, in contact with the tumors. This to be repeated every third or fourth day. Whatever method is adopted must be boldly used. Dry iodoform may be stuffed into the urethra. I here append a compound which I deem excellent, not only for this disease, but for many others situated on mucous surfaces: R. Iodine cryst., ℥ij.; acid carbohc, ℥ij.; salicylic acid, ℥j.; sulphuric æther, ℥ss. A little absorbent cot-

ton, wrapped on the end of a probe, dipped into the above and thrust into the urethra. The æther soon evaporates, and leaves the agents on the surface.

Unnecessary irritation should be avoided. More powerful caustics, as potassa fusa, or the acid nitrate of mercury, may prove unmanageable. The galvanic cautery may be employed with a degree of safety; but, upon the whole, torsion, the ligature, nit. acid and the iodine compound have proved the most serviceable in my hands. A little patience and persistence will sometimes be required, both upon the part of the patient and the surgeon.

Y.

Notes.

—The last importation of muriate of cocaine cost \$8 per gramme, or \$249 per ounce. The apothecaries' pound would therefore cost \$2,988. It will be wholly unnecessary to advise physicians not to make large purchases at a time until its anæsthetical powers are more fully established.

—Dr. C. C. McCoy, a recent accession to St. Louis, has been arrested on a warrant, charging him with practicing without a license. We are informed that he is a graduate of Bellevue Hospital Medical College, of New York. He is a huge advertiser, and the clerk of the State Board withholds his certificate.

—There is a deaf family in New Hampshire whose hereditary defects have been traced back to the fourteenth century. During all this time there has been a regular succession of deaf-mutes.

—Oysters are reported to be good for dyspeptics. They never produce indigestion, and are preferred by invalids when all other food disagrees with them. Raw oysters are used by singers for hoarseness.

—When nervous wakefulness ensues, at night-time, when there is a desire to sleep, but on account of a peculiar state of mind and body, rest will not come; inhalations of pure air may be used as a safe and efficient soporific. It is observed in these conditions that a person only breathes half-way, and that the oxygen in the lungs is kept exhausted. Now we would recommend from two to six full respirations, and before there is time to notice the effects, sleep is produced.

—For the last year or two our secular papers have been teeming with sensational scenes from Georgia—murder, suicide, queer marriages, births of monstrosities, elopements, wonderful mental prodigies, etc. The latest that have appeared are the “mountain of gold,” at Villa Rica, in Carroll county; the veritable rooster in Montezuma, that goes to the nest and lays an egg every day; comes off the nest uttering a decisive cackle; in fact performs all the functions of the hen, and then goes about his business as though nothing had happened. Lastly, a peculiar disease prevails in Atlanta which some of the Atlanta doctors call “Uria.” The editor of the *Georgia E. M. Journal* is said to be badly affected with it.

—In West Newton, Pa., there is a man that peddles, to regular customers, hot water. He delivers his stock in the morning, in time for breakfast, and comes again at noon-time. Housewives are greatly elated with the idea, as it saves them from roasting over the fire to heat the tea-kettle for their meals. Why should not this plan be especially advantageous to those who now make a whole meal out of hot water?

—In the *Mass. E. M. Journal*, Prof. John King, M. D., smiles upon “poor old Missouri” with a strabismus eye of pity, because the State has a Board of Health having only one eclectic representative.

We must remind the Professor that matters are moving along so harmoniously in this board that the color of schools are passed without notice, and that we feel very safe and hopeful of our outlook. Since Judge Sherwood, in a late decision, has said: “It is thought best to say this in conclusion, that, notwithstanding what has been said in relation to the discriminating powers of the Board of Health, that according to the express terms of the provision in section two, supra, such discretionary power does not extend to discriminating against any particular school or system of medicine; and that should such discrimination ever occur, the limits of discretionary power will have been passed.”

Formula of Hayden's Viburnum Compound.

R Viburnum Opulus; Dioscorea Villosa; Scutallaria Lateriflora; and a combination of aromatics. This is a fine preparation, perfectly safe and eminently efficient.

MISCELLANEOUS PARAGRAPHS.

The Kansas Eclectic Medical Association.

This Association will hold its Annual session at Topeka, commencing on the 27th of January, 1885, instead of, as heretofore, in February. As the legislature will be in session at that time it is very important that every member of the Association should be present, in order to use his personal influence to defeat any discriminating legislation against Eclectics, which it is understood will be attempted to be forced upon the legislature by parties of another faith. Let nothing but actual sickness prevent the attendance of any member.

A cordial invitation is extended to all members of kindred organizations from other States to be present.

Head-quarters will be at Dr. S. E. Martin's office, 110 Sixth Avenue, East.

J. MILTON WELCH, M. D.,

NOAH SIMMONS, M. D., Sec'y.

President.

The Jerome Kidder Mfg. Co.'s Exhibit.

An immense assortment of apparatus for curative purposes, some of a most elaborate character, were exhibited at the Philadelphia Exhibition, but none attracted greater attention than the display made by the JEROME KIDDER MANUFACTURING CO., of 820 Broadway, New York City.

For many years their appliances have been before the public, and at all the principal exhibitions held in this country since 1875.

Their most notable triumph was, however, at the American Institute Exhibition in New York in 1875, when they were awarded the rare gold medal for the best electro-magnetic machines in the world. Their exhibit at Philadelphia shows that this supremacy has been well maintained, and the machines they displayed were both in workmanship, design and construction, as well as in working power, notable for their completeness and efficiency.

Their methods of varying the primary and induced currents commend themselves at once to electro-medical experts and scientists, while the manner in which the vibrations of the rheotome,

or vibrating spring, are controlled, insures a steady current that is far superior both in effect and sensation to the jerky, raspy current ordinary machines produce.

Their price lists, fully illustrated, may be obtained by mail on request, and all interested in the cure of disease by electro-medical treatment, are invited to call at their show-rooms and inspect the apparatus they manufacture for these purposes.

Ample Authority.

Upon an appeal from a lower court in West Virginia in a case instituted by a man who had been refused registration on the basis that his diploma was from a medical college not recognized by the State Board of Health, the Supreme Court of Appeals unanimously decided, 1st, that the law regulating the practice of medicine and surgery is constitutional and valid; and, 2d, that the question of the reputability of a medical college is to be decided by the State Board of Health—not by the courts.

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THE AMERICAN MEDICAL JOURNAL.

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FEBRUARY, 1885.

No. 2.

ORIGINAL COMMUNICATIONS.

ART. VI.—Perineorrhaphy.—By G. A. ROWE, M. D.

The most skillful accoucheur cannot always prevent a perineum from tearing during the last few throes of labor. Supporting the perineum will not prevent it, when that body is not fully relaxed, or when the fetal head is too large for the vaginal outlet. The best way to support the perineum probably is through the rectum; with one or two fingers in the rectum, and the thumb in the vagina, pressure upon the perineum can often be modified sufficiently to permit complete perineal relaxation. In primiparæ, in whom lacerations most frequently occur, ergot should not be given until complete relaxation of all the soft parts has been obtained, and even then it must be given with caution. When a rent of the perineum follows the parturient act, the operation for its repair is called perineorrhaphy. Having discovered that the perineum is ruptured, it is to be decided when the operation for closing it is to be performed. It may be performed immediately, or deferred until recovery from the puerperium.

By immediate operation is meant stitching the parts any time from a few minutes to five or six hours after the completion of labor. Deferred operations means stitching the parts any time after one month from recovery from labor. The immediate operation should not be delayed longer than three hours after delivery, if possible, but it will usually succeed six hours after-

wards. Under ordinary circumstances, it should be performed immediately after the expulsion of the afterbirth. Any surgical interference is contraindicated if convulsions have occurred at any time during labor, if there is great exhaustion, or if there is troublesome hemorrhage.

The immediate operation is to be performed as follows: Place the patient with the hips near the edge of the bed, the feet resting over the railing, and an assistant to support the flexed limbs; clear all hemorrhage, and sponge the parts with a 1 to 50 solution of carbolic acid. A long, well-curved needle, with a handle, and an eye or slot near its point, should be passed through,

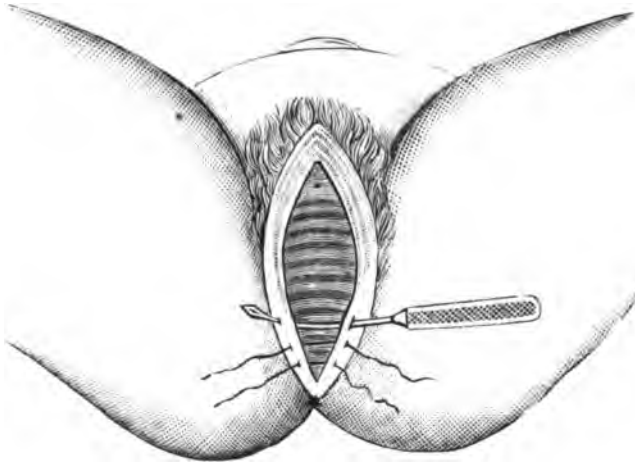


Fig 1.

about one-eighth of an inch from the edge of the wound, on one side—beginning near its rectal termination and extending to the bottom of the rent—to the opposite side, emerging at a point equi-distant from the edge. The needle is now threaded with a No. 27 silver wire and withdrawn, pulling the wire through with it. Three stitches, one-half an inch apart, are usually sufficient to close any rupture not involving the sphincter. The ends are to be cut long, and none of them tied until all are introduced. Figure 1 represents a laceration not involving the sphincter, and in which the sutures are ready for tying. After having tied all the sutures, the knees and ankles are strapped together, and

the patient allowed to assume any comfortable position. The bowels are moved once a day, with a dose of castor-oil, and discharged in a bed-pan or on old rags. The urine had better be drawn off the first few days with a catheter, to avoid all straining.

During the healing process, the parts are not to be sponged off more than once in twenty-four hours, and care must be taken that any lymph that may have been thrown out between the parts be not washed away. Too much washing is mischievous, and may defeat the object desired. Food should be taken in liquid form, and at frequent intervals. The stitches may be removed on the eighth or ninth day.

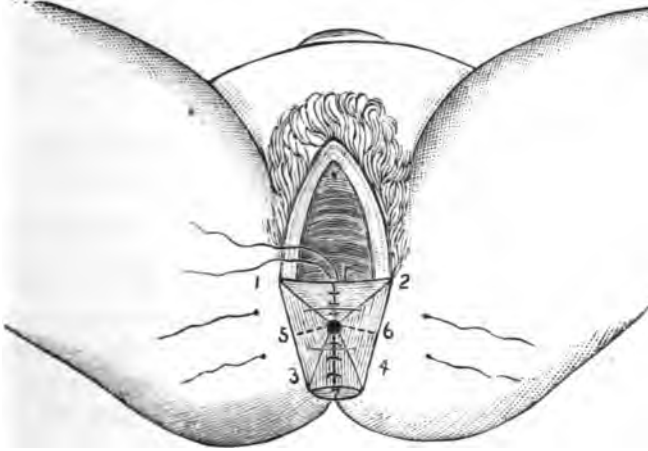


Fig. 2.

In those cases of rupture in which the rectum is involved, an immediate operation will seldom effect a cure. The patient should be made as comfortable as possible for the time, guarding against septic influences until such time as may be deemed advisable for more effective operative measures; any time after the sixth week will generally answer. If the operation is long deferred, there is a tendency to prolapsus uteri, and the patient should be advised to wear an abdominal supporter until after the operation. Chloroform should be administered, and two primary incisions made between the points 1 and 3 and

3 and 6, on either side of the wound (Fig. 2), two lateral secondary incisions extending from the bottom of the rent, midway between the vagina and the verge of the anus, to the points 5 and 6, intersecting the two primary incisions. We thus have four triangular flaps, two above and two below, with which to form the floor of the vagina, and to replace the torn wall of the rectal tube.

The flaps, 1, 5, 0, and 2, 6, 0 are dissected upwards, and the points 5 and 6 made to take the position r in Fig. 2.

The flaps 3, 5, and 0 and 4, 6 and 0 are dissected downward, the points 5 and 6 taking the position 7 in the figure.

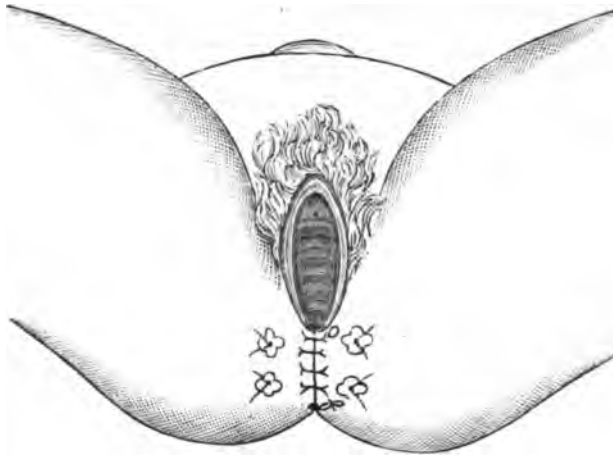


Fig. 8.

The upper flaps are stitched or knotted on the vaginal side, with the ends cut long enough to hang from the vagina; the lower flaps are stitched and knotted on the rectal side, and the ends cut short. We now have repaired the vagina and rectum, and the two raw, triangular surfaces are to be approximated, to form the perineum.

This is done by passing two deep wire sutures, as seen in the figure, and having cleansed the parts, and checked hemorrhage, bringing them together and fastening them with buttons or quills. Finally, superficial stitches close the skin edges, and the operation is completed. The knees and ankles are strapped together,

as in the first operation, and the bowels locked with opium suppositories and pills for eight days. Fig. 3 represents the parts approximated, and the superficial and deep sutures fastened. The line *o b* shows the raphe of the new perineum. Formations of pus must be carefully looked after, and the stitches removed on the ninth or tenth day. Sometimes it is good practice to make two operations, closing one part at a time. These operations are not always successful the first time, and may have to be repeated.

The integrity of the rectum and sphincter is not fully restored, but usually little annoyance is experienced. Failure in either operation should not discourage it, but is suggestive of careless surgery or indifference to directions. In order that the best results may follow the operation, it is imperative that directions be closely observed.

ART. VII.—Uterine Examinations.—By S. S. STAUFER, M. D.

[CONTINUED FROM PAGE 13, JANUARY JOURNAL.]

There has been more said on this important subject in the preceding numbers, and by the editor in his article in 1883, than I have found, in the meantime, in any other journal. This woman and her sorrowful undermined family appear to have had a reasonable consideration in this journal.

There are still a few points not made fully clear. Dr. Rowe gives the length of the normal virgin uterus at about three inches. Although very probably taken from actual anatomical measure, this, however, appears to differ from the general average. Meigs found the virgin length at twenty-six to twenty-eight lines, and after several pregnancies, two and a half to three inches. It may well be accepted that even when all things pass off naturally a slight increase is added at every confinement.

This increase is not only in length, but also in corresponding thickness. This leads to another of the important considerations in examining and supporting a uterus. Text-books have much to say on subinvolution, but little on physiological increase.

Since Dr. Rowe explains how the prolapsed ovary can be felt, it is not plain how the impacted and tissue-surrounded ovary can

prolapse, unless the uterus and its appendices precede in prolapse, and drag it down.

Dr. Rowe, and this journal, have undoubtedly the honor to have given to the medical profession the full importance of proper light in uterine examination. Singular does it appear that authorities and specialists so freely examine by artificial light, and yet attribute the principal cause of uterine trouble to inflammation of the cervix. The quicksilvered glass speculum does similarly change the color of the cervix and vaginal walls, so that if inflammation does or does not exist cannot be determined with any certainty. The country physician, to avoid breaking his route, may make one or two applications by reflector to an advantage to himself and patient, when the condition had been ascertained by daylight, but artificial light altogether is almost certain to deceive in the course of treatment.

The rest for the patient when to be examined has of late been considerably discussed. In ordinary practice there is but one way; and that is to fix the patient on the most appropriate rest attainable under the circumstances.

Practitioners should bear in mind that the instruments should be selected to meet these emergencies, and that the difficulties in general practice cannot be made to meet the instruments.

The table has the proper height, and, if properly bolstered up, presents the most appropriate position. But a family table, and a clinical or gynecological table, are two things. The latter is made strong and firm, with the necessary attachments; the former suffices to sit around and take meals in a quiet way.

These examinations soon interest children, servants and neighbors, although quietly and silently performed in sleeping-rooms. The lugging tables around, or even leaves of tables, or bringing them by express for express purpose from the physician's office, would hardly accord with the usual respectability.

Dr. Rowe, p. 544, tells us that a bed should never be used, and suggests rather the floor. The lounge, he says, is an abominable thing. He approves of the gynecological chair, if "made expressly for the purpose." Every word of that paragraph may be accepted as substantially correct. Unless it be the floor in preference to the bed.

I will, in conclusion, simply try to show that the bed is the only thing that can be respectably used in a family practice, although Dr. Rowe says that he does not believe that he ever has made a thoroughly satisfactory examination on a bed. Our experience differs materially. Much, however, depends on the instruments used. It is the bed-room where the patient has her private washing apparatus and fixings. It is true all these can be brought on the floor, but the important light cannot be properly obtained on the floor. Then, if the patient lies on the floor, the declining position required by the operator is not only awkward, but the representation not overly appropriate.

The bed, with a high and firm mattress, and rollers to turn towards the light is scarcely second to a physiological table. The deficient bed is usually not very heavy, and can be shifted towards the light by lifting. However, the principal objection is the sinking beneath the bed-rail.

"Sinking of the hips."—*Rowe*. "The sinking of the body in the soft bed."—*Byford*. In any other science, outside of the medical, such trifles would be no obstacle.

Thomas, ed. iv., p. 59, shows some inclination to overcome this difficulty by saying: "Should it be necessary to employ a bed, the leaf of a dining-table, or a wide board, should be slipped across the mattress under the upper sheet and covering, and a hard surface will thus be presented for the patient to lie upon, which will obviate, in a great degree, the objections to the bed otherwise arranged."

The leaves of extension tables are not always as readily found in general practice as among the mansions of the Astors and the Vanderbilts, in New York brown stone avenues.

The make-shifts, as far as the sinking in the bed, appear to be very simple, since pieces of carpets, mats and bed-clothes are to be found in the poorest of families."

The next point in consideration is, what are these examinations for, and their general results?

[TO BE CONTINUED.]

A safe conclusion: nobody knows anything about the cause of cholera. *Koch don't know*.—[EDITOR.]

ART. VIII.—On the *Ætiology, Diagnosis and Treatment of Acne, Rosacea and Syecosis.*—By PROF. E. YOUNKIN, M. D.

1. *Acne.*—According to some of the older writers the term acne is derived from the Greek *akmee*, which word signifies vigor; and was so applied because the disease appeared about puberty or the period of greatest activity. Acne is a disease consisting in a chronic inflammation of the sebaceous follicles of the skin. It is characterised by small, isolated and acuminate pustules, generally confined to the face and shoulders, and appearing about the age of puberty.

The pustules of acne are succeeded by livid or violet-colored spots, or pimples, and they almost always contain a small amount of sebaceous matter intermingled with pus, as the inflammatory product, which sebaceous matter when pressed out is moulded in rods, the size of the tube through which it passes, and is vulgarly styled *worms*. The pustules may present, without local heat, pain or itching, and hence there may be, within the pustule, but little more than the sebaceous matter. They always appear in succession, one after the other, scattered over the face, shoulders and breast, and are seldom found to any considerable degree below the fifth or sixth ribs. In some persons they invade certain regions at a time, as the chin, the angles of the jaw, the forehead, or they may be found only on the shoulders.

Each pustule pursues a course independent of the rest around it, and thus they continue their production and reproduction during the period of adolescence.

The causes of acne are not, in all respects, definitely known. Evidently there are some predispositions to the disease, and these may be found in the quality of the skin, its aptitude in some individuals to secrete larger quantities of sebaceous matter, or its liability to the development of glandular inflammations; the peculiar oiliness of some people's skins which, in the excrementitious effort may clog the pores.

Acne is often of hereditary origin, and may, in many cases, be traced through several successive generations.

The exciting causes are in many cases obscure. Just why the disease should appear at puberty, at the time when the individual desires to appear at the best advantage, we may be left only to

conjecture. In this period there is rapid change in all the nutritive forces, and as a result of this change there is greater elimination. The products of incomplete metamorphosis gather into the sebaceous glands and act as foreign bodies, causing inflammation and miniature abscess.

It has been maintained that sexual excesses and addiction to onanism were causes of acne; and, upon the other hand, chastity is said to be equally as productive of the disease. That excessive masturbation and venery may be exciting causes in the young, is quite probable; but that over-continnence should have such an effect is very doubtful. Indeed, so dubious are either of these, as causes, that acne affords no ground for an eye of suspicion.

Females seem even more subject to acne than males, and are generally attacked about the critical period.

Uterine and ovarian disorders are thought to be frequent excitants, and many women are annoyed at the appearance of acne at the time of their menstrual period. Cases arising from disorders of the female sexual organs are among the most obstinate with which we have to do.

It is my opinion that failure upon the part of the kidneys to eliminate the urates and other solids, is the most common cause of acne. Want of proper cleanliness and the habitual use of cosmetics in connection with an attitude that favors a flow of blood to the head, or that prevents a return from thence, may produce the disease.

Indulgence in the luxuries of the table, fats and stimulating drinks are common causes. Those affected with acne seem in other respects, in most instances, to enjoy good health; hence it may be said that the pustules are kind of eliminators, and this remark would appear more forcible, when we see that in cases of recession the person is often affected with rheumatoid pains, headaches, etc.

While I do not look upon acne as a necessary concomitant to the physiological state, I do not regard the presence of the pustules as absolute pointers to other pathological lesions.

Acne, as a genus, is divided into several varieties, as the following synopsis will show:

Acne	{	Acne Simplex,
		Acne Punctata,
		Acne Indurata,
		Acne Papulosa,
		Acne Pustulosa,
		Acne Artificialis.

To these have been added also, by some writers, Rosacea and Sycosis, but we prefer to treat of these separately. It should also be understood that our table does not indicate species so much as it does stages of the same disease.

Acne Simplex is the simplest and most trifling form of the disease. There is a mere obstruction of the sebaceous glands and ducts in consequence of their contents becoming too hard to pass readily to the surface.

Inflammation of the follicles takes place and a pimple is the result, which finally is filled with sebaceous matter and a small amount of pus. As the matter is discharged a little redness remains for a day or two, and the parts return to their healthy state.

Acne Punctata, sometimes called *maggot pimple*. This form, at the beginning, does not differ materially from the former, but derives its name from the final results.

By compressing the pustules between the thumb and finger, when the pustule is fully developed, the pus is squeezed out, while the sebaceous matter remains, and, sticking into the mouth of the duct, dirt adheres and thus leaves a black spot. These spots are called *comedones*.

Now, then, by a repeated pressure, the sebaceous matter is made to leave the duct, and pushing through, forms a vermiform appearance, and many of the common people take these products to be worms.

Acne Indurata.—This form is an exaggeration of the pustules. Its lesions are the size of a split-pea, dark red or violet-colored, and may be felt as tubercles or nodules beneath the skin, for two or three days before their development. They have more pain than the former, and the inflammation is deeper seated. Finally, they either terminate in resolution or in a collection of a drop of pus, which, when evacuated, causes the induration to subside.

Acne Papulosa.—This form consists in acuminate elevations of the skin about the mouths of the sebaceous ducts and hair follicles, the size of a pin's head, of whitish or reddish color.

Acne Pustulosa consists of pustules from a pin's head in size to that of a split-pea, surrounded by a zone of inflammation, with some degree of induration. The apex of the papule is surmounted with a yellowish pustular head. The punctata, papulosa and pustulosa comprise the acne vulgaris of some authors, and the acne atrophica and acne hypertrophica are no more than stages of the other forms.

Acne Artificialis is a form of the disease produced by the use of drugs, either locally applied or from their effects within. The use of the bromides is capable of producing in some persons discrete inflamed papules, which sometimes suppurate. The eruption is sometimes preceded by febrile symptoms. Though most frequently found in the face and neck, it is a more general eruption than any of the former, and may cover the entire body. The axillæ and pubes are regions frequently attacked with the bromide acne.

The use of iodine, especially the iodide of potassium, will produce acne. Its lesions are more equal in size, with large red bases. The eruption is usually accompanied with iodism.

Tar is said to produce acne. People who work with tar, or who have tar applied therapeutically, will have this eruption. So also with the use of balsam copaiba an eruption will appear, which may sometimes mislead the diagnostician into the belief that he has on hand a case of syphilis, instead of gonorrhœa. The diagnosis of the different forms of acne is, as a general thing, easily made.

Beginning at the age of puberty; confined to the shoulders, neck and face; consisting of papules, pustules and comedones; little tendency to grouping; does not invade the scalp; no uniformity in size of pustules; color bright red, and surrounded by a hyperæmic areola, are evidences to distinguish the disease from other eruptive diseases; and in the acne artificialis the history of the use of the different drugs, taken in connection with the color, form and fever, will, as a general thing, be sufficient to make the proper diagnosis.

Treatment.—It is a difficult matter to treat acne successfully, without a knowledge of the cause; when that is known, its removal is of paramount importance. The means employed must be both constitutional and local, and every effort should be to correct every derangement and maintain the proper equilibrium of the body.

Anæmia calls for tonics—iron and quinine. Strumous conditions call for iodine preparations, vegetable alteratives, lime and the vegetable tonics.

Plethoric patients will be benefited by depletives, such as the saline cathartics and iodide potassium. Sluggishness in the processes of repair and waste will be met by the dilute mineral acids, nux vomica and the acetate of potassium.

If the acne depends upon uterine disease, as dysmenorrhœa and amenorrhœa, our remedies must be addressed to these conditions. We often see in our patients, both male and female, that after marriage the eruption disappears.

Thus, it will be seen that the treatment of acne will be modified by our knowledge of the cause. Simple regimen is necessary in cases where disorder of the digestive organs is seen. As local means, simple vapor, or frequent bathing of the parts with warm water, and gentle friction, with a mild soap, constitute a good local treatment. Thorough cleanliness of the skin is highly essential. A daily sun-bath and exercise in the open air will often cure. Applications of glycerine, after a warm bathing of the parts, will keep the skin from becoming hard and dry, and will promote the excretion of the sebaceous ducts. Comedones may have their central core pressed out. They will prove more yielding after steaming the face a few minutes with camomile tea. The parts may be sponged with the following lotion: *R.* Hydrarg. bichloride, grs. v; bay rum, ℥viii. *M.* To be applied by a soft sponge. In acne indurata: Iodide sulphur, grs. xv. to xx; adipis, ℥j. *M.*, ft. ung. Apply at night. A solution of muriate of ammonia may be employed with good effect.

Sapo viridis and alcohol equal parts, mixed, and applied once a day, then washed off with warm water. This application can be made at bed-time and left on till morning. This treatment followed up for a few days may produce some irritation, when it should be discontinued.

I cured a case recently by the glycerole of cade, which is made in the following manner: Take starch, ʒij; glycerine, ʒiij. Place these on the fire and heat to the consistency of thin paste, and add oil of cade, ʒij, stirring until it cools. This is applied in the evening and washed off in the morning.

An outfit of acne instruments can be purchased, consisting of an acne knife, a comedo-compressor, and a dermo-curette; but this can very easily be dispensed with.

Rosacea.—This disease is so closely allied to acne that some writers have given it the titles of acne rosacea and roseola acnosa, yet it differs so much that we do not feel justified in placing it in the same category, but shall treat it in connection with acne.

Rosacea also passes under the title of gutta rosea, copper-nose, bottle-nose, grog-blossom and grog-rose. It is an eruption of shining redness and an irregular granular appearance, with small, hard, red, circumscribed elevations or indurations, commonly appearing first at the end of the nose and spreading to the cheeks and forehead. There are several forms, the simplest of which is characterised by small, red papules or pustules, closely resembling acne; but the redness is not confined to the pustules, but diffused between the pustules on the skin that is otherwise unaffected. Suppuration sometimes takes place in the papules, and the veins that lie superficially may be seen in a state of dilatation. Commonly, however, the papules of rosacea are larger than acne and more closely crowded together, and their apices appear flatter and less disposed to pustulate. They are inclined to assemble into clusters about the cheeks and forehead, producing shining red patches.

In other cases rosacea does not extend beyond the nose, but the whole tegumentary tissue of the nose may be red, and hypertrophied to twice or three times the natural size.

This disease most usually attacks men between thirty and forty years of age. It is a pretty sure sign of chronic inflammation of the mucous membrane of the stomach and intestines, though in females it may be associated with derangement of the uterine function or organic irritation of the pelvic viscera. The mode of living has something to do with the disease. The use of a highly stimulating regimen and the custom of drinking strong

wines and large quantities of malt and spirituous liquors, are a fruitful source of rosacea.

Treatment.—When the disease has arisen in an individual still young, and when traced to irregularities in regimen, we may hope to succeed in the cure. When it is found affecting a person advanced in years, when it has continued long, and every year getting worse, and when it can be traced to a chronic irritation of the stomach and intestines, and when this irritation is superinduced by the habit of drinking spirituous liquors, the prospect of cure is very little.

I have, at this time, a case in hand that stimulates heavily. His rosacea reddens on the end of the nose and on the cheeks and forehead. He has been removed to the hospital on account of other disabilities produced by spirituous liquors, and since remaining in the hospital, where he is not allowed his stimulating regimen, I notice his rosacea has disappeared.

The diet of those suffering under rosacea should be fish, vegetables and ripe fruits. They should guard against fatigue of body or mind, and they should shun situations where there is a high temperature. Any patient that will not forego the pleasures of a fast life, and not break away from the highly stimulating foods and drinks, should never expect a cure; and no physician ought to make the attempt without firm pledges to adhere strictly to all orders of this kind. A return to the old habits, with abandonment of the medicines, causes a rapid return of the disease.

As local means but few can be relied upon.

The parts may be bathed with lotions of rose, lavender, boric acid, or glycerine. The following solution has been used with the best results: *R.* Hydrarg. corrosive, grs. vj; glycerine, ℥j; eau de Cologne, ℥j.; aqua rosæ, ℥xij. *M. et S.* Apply to the parts in the evening and morning. It is right to prolong the treatment some time after the disappearance of the eruption. It is then that cold aspersions act with peculiar efficacy.

3. *Sycosis.*—*Acne sycosa, mentagra, barber's-itch.* Sycosis is a disease of the hair follicles, characterised by the successive evolution of small pointed pustules clustered together over the chin, upper lip and submaxillary region; supposed to be, in

some instances, contagious—to consist of a cryptogamic plant existing in the roots of the hairs of the beard, and by transmission of the seeds the disease is rendered contagious.

The evolution of the pustules is usually attended with heat and tension. The pustules are small but closely grouped together, and in their development yield a pale yellowish exudate, which crusts and finally furfurates.

The skin finally becomes very much changed, and swells at times to such an extent as to appear covered with moist vegetative tumors. The piliferous bulbs of the beard often participate in the inflammation, and, if continued long, patches of the skin will be divested of the beard.

The disease attacks the youthful and adult subject of the sanguine or bilious temperament who have strong, thick beards; it is, however, found among the aged; and occurs more frequently in those exposed to strong heats, such as cooks, founders, refiners, etc. Spirituous liquors and highly seasoned food are common causes, and some are strongly impressed with the idea that being shaven by an imperfect razor has contributed to them the disease.

Sycosis occasionally disappears for a time, and then reappears.

The most experienced practitioner frequently finds it impossible to fix the limit of cure in this disease, and just at a time when a cure seems to be effected by the treatment, fresh eruptions break out to blight his expectations. The first measure is to clip the beard. The razor should not be used as it will be found to irritate. The habits of life should be inquired into, and spirituous liquors abandoned. General baths and local emollients may be employed. The attention to the parts must be constant and unremitting, and should consist of warm fomentations frequently repeated during the day, with poultices applied at night. Every little tubercle should be punctured, and every hair extracted, which may be got out without much pain.

A dressing of the part may be made with the ointment of chrysophanic acid, grs. xx to adeps, 3j; or the citrine ointment smeared on at night will prove effectual.

ABSTRACTS.**A Crime Peculiar to a Physician.**—By HENRY A. RILEY, Esq.,
NEW YORK.

One of the most disgraceful crimes which a physician, in his professional capacity, can commit, is the taking advantage of the confidence of a female patient when advice is sought for troubles peculiar to the sex, and by force or fraud making a criminal assault upon her for the purpose of sexual connection. An act of this kind, so peculiarly dishonorable to the physician, and so unfortunate in its possible results to the patient, is not impossible when one considers the passions of men, but it is a matter for congratulation that charges of this sort are so comparatively rare. The general standard of morality and professional honor is so high that the law books contain few cases on the subject. There are some, however, and it may be well to call attention to several of them. It may be said, in general, that the crime is universally regarded as a most serious one, and in most of the States is declared to be a rape. There has been some discussion in a few of the cases as to the question whether the submission of the female to the act did not lower the grade of the crime, and either make it merely an assault, or else warrant the conclusion that there was consent on her part, and thus take it entirely out of the category of crimes. This view is not generally taken, however, and at the present time perhaps only in those States where the statute requires the element of force to constitute the crime of rape. An instance of this view of the subject will be referred to later.

One of the first cases on the question is Regina's case, an English one, occurring in 1850, and reported in 1 Denison's Crown Cases, 580. Here the patient was a young girl, only fourteen years of age, who had been placed under the physician's care in consequence of illness arising from suppressed menstruation. The treatment adopted did not seem to accomplish the result, and, as the evidence states, he told her that he must try some further means, he then took hold of her and had sexual connection, no resistance being made by her, believing, as she stated, that she was submitting to medical treatment for the ailment un-

der which she labored. Upon the trial, the magistrate said that she was of the age to consent, and if she did, the defendant ought to be acquitted, but if she was ignorant of the nature of the act, and thought it was part of the proper medical treatment, it amounted to an assault.

The jury found the physician guilty, and he was sentenced to eighteen months' imprisonment. The case was then appealed, and the propriety of the conviction came up for review before a higher court, where it was affirmed. The Court said: "The finding of the jury is clear. They are told that if they think she consented to the carnal connection they must acquit, that the girl was competent to consent, and that it is a question for them whether she did or no. The girl is fourteen years of age. She might at that age be ignorant of the nature of the act morally as well as physically, and of its possible consequences. It is said that as she made no resistance she must be viewed as a consenting party. That is a fallacy. . . . The prisoner disarmed her by fraud. She acquiesced under a misrepresentation that what he was doing was with a view to cure and that only, whereas it was solely to gratify the passion of the prisoner. How does this differ from a case of total deception? She consented to one thing, he did another materially different."

In this case the prisoner's counsel suggested that perhaps the act of sexual connection was in reality part of the medical treatment of the case, and that it should have been left to the jury to decide this point. The Court with some emphasis said in regard to this defence that it certainly was not left to the jury and need not have been. "The notion that a medical man might lawfully adopt such a mode of treatment is not to be tolerated in a court of justice."

In the case of *Regina vs. Stanton*, 1 C. and K., 415, another English case, there was an indictment for an assault with intent to commit a rape, the physician having obtained access to the person of the woman under pretence of administering an injection, and commenced to have carnal connection with her, when she discovering it got up and ran out of the room. Upon this state of facts a conviction was had for the assault.

In *Queen vs. Flattery*, 2 Q. B. D., 410, decided in 1877,

the charge was that of rape, and the defendant was convicted under the following circumstances: The prosecutrix, a girl of nineteen, was "subject to fits," and she and her mother consulted the defendant in regard to her case. He made an examination of her person and advised that a surgical operation be performed, and under the pretence of performing it had carnal connection with her. The Court said in this case. "It is plain that the girl only submitted to the defendant's touching her person in consequence of the fraud and false pretences of the prisoner, and the only thing she consented to was, the performance of the surgical operation. Up to the time when she and the prisoner went into the room alone, it is clearly found that the only thing contemplated, either by the girl or her mother, was the operation which had been advised; sexual connection was never thought of by either of them. And after she was in the room alone with the prisoner, what the case expressly states is that the girl made but feeble resistance, believing that she was being treated medically, and that what was taking place was a surgical operation and nothing else. It is said, however, that having regard to the age of the prosecutrix, she must have known the nature of sexual connection. I know of no ground for such a proposition. And even if she had such knowledge she might suppose that penetration was being effected with the hand or with an instrument.

The case of *Santiago Don Moran vs. The People*, 25 Mich., 356, tried in 1872, is an apparent exception to the general rule that submission under the idea that the act is a part of the medical treatment constitutes a rape, but here the decision is based upon the words of the statute, which expressly say that force is necessary to create the crime of rape, and the Court would not stretch the words of the statute so as to cover the case.

The facts of this case were quite peculiar. The defendant was a physician practising in the city of Detroit, and a girl, sixteen years of age, was brought to him to be treated for consumption. He made an examination and then informed her that the "whites" had collected in her stomach, that she was ulcerated, that her uterus was inverted, that to save her life it would be necessary to enlarge the "parts" so that the "whites" might pass off; to break the ulcers and to turn the uterus; that he could do this with in-

struments, but the operation would probably kill her; that the only way would be for him to have carnal connection with her. When she objected, he told her that it was what he did to all women who came to be treated by him. He said he had told her father that it would be necessary, and he had authorized the defendant to have connection with his daughter. Upon such representations as these she allowed him to have intercourse with her.

When these facts became known the physician was indicted for rape, and convicted, but upon an appeal this verdict was reversed, and a new trial granted, on the ground that no force was used. The Court said: "Upon extract principles of right and wrong a sexual connection obtained by falsely and fraudulently personating the husband of a woman or by a physician fraudulently enticing a female patient to believe such connection essential to a course of medical treatment must be considered nearly, if not quite, as criminal and prejudicial to society as when obtained by force or any apprehension of violence, and it might, and in my opinion would be, judicious for the Legislature to make some provision for punishment in cases of this kind, but it is not for the judiciary to legislate by straining the existing criminal law to bring such cases within it."

The latest case on the general subject is one just tried in Indiana, and found in the last volume of Reports (*Pomeroy vs. State*, 94 Ind., 96). Here it appeared that the patient was suffering from a disease of the womb, and the physician, while examining her person, had sexual connection with her. He was tried for the offence and found guilty of rape. The Court said: "The evidence tends to show that the appellant, as a physician, informed Rebecca and her mother that the former was suffering from a terrible womb disease and was losing her mind. If the jury believed, as they might well have done from the evidence, that the appellant, as physician, obtained possession and control of Rebecca's person under her mother's command, for the purpose of making a further examination of her alleged disease of the womb, and not for the purpose of sexual intercourse, and that she never in fact gave her consent, through fraud or otherwise, to the sexual connection, then it seems to us that the appellant was

lawfully convicted of the crime of rape." The sentence was therefore affirmed.

These cases will go strongly to show the comparative infrequency of the crime, and also that the courts in general regard it as belonging to the highest grade of crimes of that nature, and punish it severely whenever the guilt of the physician is fairly made out.—*The Medical Record*.

The Treatment of Purulent Inflammation of the Middle Ear.—

By A. R. BAKER, M. D., CLEVELAND, OHIO.

I remember hearing Dr. C. R. Agnew say in one of his lectures some years since, that there was not one general practitioner in the United States in twenty who knew the normal ear drum when he saw it. I thought at the time it was a broad assertion, but my subsequent experience has led me to think he was not far from the truth. There is no reason why every general practitioner should not be able to use reflected light and the aural specula and discontinue the empirical treatment of the ear aches by putting all sorts of mixtures into the external auditory canal and waiting for "something to break."

Most cases of ear ache can be relieved by syringing with hot water and the use of dry heat externally, and the occasional application of a leech to the mastoid process. If this does not relieve the inflammation at once, and it goes on to suppuration, the general practitioner ought to be able to perforate the drum and let the pus escape. With reflected light it is no more difficult than to open an abscess.

The danger of the extension of the inflammation to the brain and its meninges is an additional stimulus to urge us to act promptly. Dr. Buck says that "*a localized meningitis may be assumed to exist in every severe case of acute purulent inflammation of the middle ear.*" It would be interesting to know in what percentage of deaths from meningitis this is the origin.

I have nothing new to add to what Dr. Turnbull has so often and so well said about the use of boracic acid in impalpable powder in the treatment of purulent inflammation of the middle ear. But so far as my observation has extended, its use has not yet become general, and I think I am justified in calling the at-

tention of the profession to it once more. Many physicians who have used the remedy, have used a very coarse powder; or used it in very small quantities; or neglected to remove the secretions thoroughly, and did not have the ear perfectly dry: or used the syringe too frequently, and did not let the powder remain in the ear long enough, or neglected some of the essentials of success, and consequently its use has been followed by disappointment.

I use the powder as recommended by Dr. Turnbull in an article read before the Pennsylvania State Medical Society, of 1882, on this subject. The boracic acid should be pulverized so finely that when rubbed in the hand *no crystals can be seen*.

The ear is to be dried carefully with absorbent cotton, through the speculum, and with reflected light. The syringe is to be used only in exceptional cases, when it is impossible to remove the hardened secretions in any other manner. After removing all the secretions from the external ear, and if the perforation is large enough, from the middle ear, with absorbent cotton, it is necessary to inject air forcibly through the Eustachian tube, and force the contents of the middle ear into the external canal, where they can be removed. Much, and, in fact, the most essential part of success, depends on cleaning every portion of the auditory apparatus thoroughly, and in having it perfectly dry before using the powder. After this is accomplished, pack the auditory canal full of the powder, using gentle pressure, so as to force the powder through the perforation into the middle ear, and place a little plug of cotton to retain the powder *in situ*.

Do not attempt to blow the powder into the ear with one of the many insufflators in the market, and as recommended by the books.

As long as the powder remains perfectly dry, let it alone. When it becomes saturated, remove it carefully as before, and pack with powder again. Continue this treatment as long as the powder becomes moist from secretions. When the powder remains dry for several consecutive days, we may infer that the suppuration has ceased. Yet we must not be in haste to remove the powder, and if we use the syringe, in all probability we will start the suppuration anew.

Some cases will be cured with one packing; many cases will

not require more than three or four, at intervals of one to five days, while other cases will require careful packing and attention for many days.

In simple uncomplicated cases, the above treatment is all that will be required. Unfortunately, they constitute a small percentage of the cases we meet in practice. The general condition will usually need careful attention, many cases requiring general tonics and other specific treatment. Patients must avoid taking cold.

Some persons do not hear as well after the suppuration has ceased as they did when at its height. I have found this true of a smaller percentage of cases than the books had led me to expect. I have almost always been able to restore the hearing to its former acuteness, if not better than before the suppuration was abated, by the persistent use of Politzer's air douche. I generally find two or three times a week as often as it is advisable to use the air douche in most cases.—From the *Cincinnati Lancet and Clinic*, Aug. 9, 1884.

Muriate of Cocaine in General Surgery.

Dr. J. W. Stickler, of Orange, N. J., wishing to know the effect of cocaine hydrochlorate upon the skin and underlying tissues, had the following experiment tried upon himself by Dr. T. Y. Simpson: Dr. S—— injected, with an ordinary hypodermic syringe, four and one-half minims of a four per cent solution of the alkaloid under the skin of the fore arm. After the lapse of five minutes, the point of a knife was applied to different parts of the skin, immediately over, and adjacent to, the point of puncture, with the following result: partial anæsthesia of the skin *along the line of the injection*, most marked at the point where the fluid was deposited in the tissues; that is, at the precise point where the cocaine was forced from the point of the hypodermic needle. On either side of this line, the partial anæsthesia extended about one-eighth inch. As the anæsthesia did not become more pronounced after waiting another five minutes, a second injection of five minims was made. The needle was inserted at a point just beside, and parallel with, the first, but forced deeper into the tissues (one inch). At the end

of five minutes, the same superficial test was applied as in the first instance, the face being turned aside, so as not to see the application of the knife. Sensation seemed about normal, except in a band of integument nearly one inch long and half an inch wide, the maximum superficial anæsthesia existing along the line of the opening made in the tissues by the hypodermic needle. The hyperæsthetic line bounding the anæsthetic area (referred to by Dr. Hepburn in *Medical Record*, November 15, 1884) I could not define in my own case, and there did not seem to be *increased* sensitiveness at *any* point within the limits of that portion of the skin slightly congested by the action of the drug. After thirteen minutes had elapsed from the time of puncture, the doctor transfixed, with a surgeon's needle, the anæsthetic skin, without producing the *slightest pain*. The needle being withdrawn, an incision was slowly made with a scalpel through the entire thickness of the skin and cellular tissue, producing *so little sensation of any kind* that, had my attention been otherwise engaged, I doubt if I would have known that the doctor was cutting me. This cut was made along the line of the injection, and about corresponded in extent with the length of the hypodermic needle. The wound was left open about four minutes, when a needle was slowly introduced, at a point midway between the two extremes of the cut, into the deeper tissues. Absolutely *no sensation* was experienced till the point of the needle entered the sheath of one of the extensor muscles. That the muscle was penetrated was evident from the motion given the needle when the muscle was exercised. The pain occasioned by contact of the needle with the muscular tissue was very slight. About five minutes later, sutures were introduced without pain, but produced a sense of pressure, such as Dr. Wright said he felt when a needle was thrust into the skin of his forehead (*Medical Record*, November 22, 1884). The anæsthesia remained well pronounced half an hour. Twenty minutes after the second injection, there were slight muscular tremors; other than these there were no evidences of systemic disturbance. It is interesting to observe that when the hypodermic needle is made to transverse a direct course through the skin and cellular tissue, the hydrochlorate of cocaine does not diffuse itself equally in every direc-

tion, but follows quite definitely the channel made for it by the needle, producing anæsthesia along this line, but to a very limited extent on either side of it. In opening an abscess, or in making any straight incision, this circumstance would find a practical application. A much larger area of skin could be rendered anæsthetic by one injection, if the cellular tissue were made more permeable by moving the point of the injecting needle from side to side after its introduction.—*Med. Record.*

Voodooism in the South.

Editor Louisville Medical News:—Under the above caption I will endeavor to present the readers of the *News* with some of the characteristic features of a disease, or rather an imaginary affection, which prevails to some extent in all the Southern States. The disease, so far as my knowledge extends, is confined exclusively to the negro race. The subjects of this disease are said to be conjured, or, as it is expressed by some of their own people, they have been “pisened,” or have had a spell put on them. The main features of the disease are about the same in all cases, although there are many ways or means for bringing it about. It is found in both sexes and at any age after puberty, but never before that period. As I said before, the patient is said to be laboring under a spell which has been wrought upon him, in some occult and mysterious way, by some second person. Exactly how this is done, and who this second party is, generally remains a secret or is altogether unknown. I will give you the description of a typical case of this disease as seen by me three years ago. In the four years that I have been engaged in the practice of medicine I have seen probably a dozen cases of this trouble, and the older physicians inform me of a great many more.

In August, 1880, I was called to see Scinda W., aged twenty-five years, female, unmarried. Upon a close examination, I could detect no real functional or organic disease in any part of the body. Patient was not confined to her bed and talked sensibly but not very freely. I told her I found no trace of any disease about her, and consequently would leave no medicine. On leaving the house an old colored woman followed me to my

house and there told me that "Scinda had been conjured; had a spell put on her," etc. Having heard of and seen these cases before, and believing them to be purely mental, I determined to go back to the house and if possible to disarm the woman's fears, and persuade her that all would be right in time if she would discard the idea of being conjured. I did so, but it had no effect. She was certain that in some unknown way she had been put under the influence of some subtle poison, and further, believed that it would kill her. With this idea firmly rooted in her mind the patient went on for about two months, refusing to be comforted in any way, and in the latter stages refusing to either eat or drink; and died with no other symptoms than those of exhaustion and inanition. I have never yet held a post-mortem on any of these subjects, and for no other reason than that I could not get an opportunity to do so. This race of people are very superstitious, and when one of their number dies of this malady they believe in putting him under the ground as soon as possible. Some of these patients believe that the cause of their trouble is due to some reptile or serpent that has been very miraculously introduced into the system, and that this demon gradually consumes the body until there is no more to consume, and death ends the scene. It is claimed by those who believe in this power that it is not necessary for the one to be acted on to actually take this fatal poison by the mouth, but all that is needed is that the individual come in close proximity to it or step over it, the latter of which is considered almost certain death. Under the doorstep or about the bed is said to be the most favorable place for putting the fearful combination. One peculiarity about the poison is that it will have no effect on any save that one for whom it was intended. Several times have the articles that made up this mystic dose been brought to me. I found them to consist of hair, feathers of various kinds, snake heads, scorpion heads, spiders and other things that would be out of place to mention here. Small blocks of wood cut in the shape of a coffin have also been found. Feathers and hair seem to be a *sine qua non* in the production of the spell. This magical power is not possessed by all, but only by a limited number. We also have in our midst the Voodoo doctor, who always professes to

be able to remove the evil spirit from those who are afflicted by this deplorable affection. As a general thing the Voodoo doctor is a pretty smart and intelligent negro, who recognizes the weakness of his race and profits thereby. He proposes to do a great many wonderful things. He will not commit his secret to any one. He endeavors to mystify everything, and in his practice he claims to take advantage of those favorable times of the moon when evil spirits can be most easily overcome. Among some of the visible agents that they use to accomplish their purpose are to be found such drugs as "Boss Stone," "Sinkin Steel," "Love Powders" and "Loadstone." Not long since one of these Voodoo doctors became so bold in his operation in this country that the authorities of the law took him up and on a fair trial he was convicted and sentenced to a term of years in the State prison for thus preying upon his race through their superstitions.

I have but given you some of the general ideas in regard to this subject, hoping that as a matter of fact it will prove interesting to your many readers, and that such cases in the future may be more closely studied by the profession of the South, and, if possible, that something may be done to avert this horrible manner of death among these, the most ignorant and most superstitious of all mankind.

Pinson, Tenn., Nov. 24, 1884. AMBROSE MCCOY, M. D.

Illinois State Board of Health.

The State Board of Health of Illinois has submitted to the Governor its sixth annual report, which shows that the available resources of the Board, for the fiscal year ending September 30 last, amounted to \$9,864, and the expenditures, on all accounts, \$9,101. The work of the Board has been more than usually satisfactory.

The change in the status of practitioners since the Medical-Practice Act went into operation is best shown by percentage. In 1877, at the passage of the Act, the number of non-graduates was fifty-two in the hundred. On December 1, 1884, the non-graduates were reduced to fifteen in one hundred. One naturally inquires what class of graduates have made up this large

percentage. A comparison of the number of graduates from institutions which have furnished the greatest number of practitioners to the State, as given in the register of 1879 and that of 1884, gives, on the whole, cause for congratulation. The following table will illustrate:

GRADUATES PRACTICING IN ILLINOIS.

	In 1884.	In 1879.
Rush Medical College.....	822	719
Chicago Medical College.....	289	268
Hahnemann Medical College, Illinois.....	274	221
Eclectic Medical Institute, Ohio.....	240	248
College of Physicians and Surgeons, Iowa.....	228	210
St. Louis Medical College.....	196	213
Missouri Medical College.....	190	185
Jefferson Medical College, Pennsylvania.....	179	169
Bennett Coll. of Eclectic Med. and Surg., Ill.	178	141
Medical College of Ohio.....	176	158
University of Michigan.....	137	107
Bellevue Hospital Medical College, N. Y.....	108	89
American Medical College, Missouri.....	89	77
Homœopathic Medical College, Ill.....	87	43
Physio-Medical Institute of Ohio.....	25	26
Physio-Medical College of Ohio.....	8	7

Table of Mortality from Cholera in St. Louis.

YEAR.	Population.	Total Deaths.	Deaths per 1,000.
1849.....	63,471	4,317	68
1850.....	77,860	883	11.34
1851.....	83,715	845	10.10
1852.....	90,010	802	8.91
1854.....	104,060	1,534	14.75
1866.....	204,327	3,527	17.26
1867.....	212,360	684	3.22
1873.....	267,620	392	1.47

Remarks.—The figures of population for 1849 and 1866 are from enumerations made by the city authorities; those for 1850 are from the United States census. For other years the population is computed on the assumption that the annual rate of increase is constant from one census to another.

MORTALITY FROM CHOLERA IN OTHER CITIES.

CITY.	1849.		1854		1866.		1867.	
	Total Deaths.	Rate per 1,000.	Total Deaths.	Rate per 1,000.	Total Deaths.	Rate per 1,000.	Total Deaths.	Rate per 1,000.
London	14,137	6.18	10,738	4.29	5,596	1.84	.....	.....
Glasgow	3,772	10.60	3,886	11.90	68	0.16	.....	.....
Paris	.....	.....	.....	.....	5,509	3.02	.....	.....
New York	5,071	11.30	.....	.....	1,210	1.37	0.27	0.03
Brooklyn	.....	.....	.....	.....	517	1.53	.....	.....
Boston	633	4.82	.....	.....	.....	.....	.....	.....
Phila.	1,022	3.09	.....	.....	.....	.....	.....	.....
Buffalo	858	21.74	.....	.....	.....	.....	.....	.....
Chicago	678	24.03	.....	.....	.....	.....	.....	.....
Cincinnati	4,114	39.04	.....	.....	.....	.....	.....	.....
N. Orleans	3,501	30.47	.....	.....	.....	.....	.....	.....

Stone in the Bladder and Kidneys.

I have had under my care a case that possesses features of interest. Five or six years ago I was called to see Mrs. R., age about thirty-eight, symptoms denoting stone in the bladder, which was verified by exploration.

Assisted by several physicians, we succeeded in extracting a large calculus. Her health remained fairly good up to this spring, when she again commenced suffering severe aching pains in her kidneys accompanied by considerable general irritation of the urinary organs and ascites, probably resulting therefrom; vainly seeking relief by the advice of friends in the use of certain well-known patent medicines, much of which had been used before medical attendance was sought. A careful examination of the bladder revealed no stone, but suspecting one in the kidneys, I prescribed Lambert's Lithiated Hydrangea in one or two drachm doses four times daily, and before eight ounces had been taken, more than twenty small calculi were passed, having the appearance of being components of one calculus dissolved and disintegrated. So far as the pain in the kidneys was concerned, her relief was immediate, and the dropsical condition materially improved. This relief continues permanent, and in-

dicates the efficacy of Lithiated Hydrangea in such extreme cases, as well as in all morbid urinary conditions, for it has never yet failed in my hands.—J. M. ARMSTRONG, M. D., Colony, Knox County, Mo., in *Peoria Med. Monthly*.

Fracture of the Penis.

Dr. H. A. Veazie, of New Orleans, reports the case of a young man who fractured his penis during the act of coition. On examination, it was found that the penis had been broken through and through, except the cutaneous covering. The two fragments could be moved upon each other, and on making traction a distinct sulcus could be felt at the seat of the break, which was about an inch and a half back of the corona. The urethral spongy body and the corpora cavernosa all evidently broken through. His urine was drawn off, quinine and opium given, and incisions made through the skin to give exit to the extravasated urine. The next day he had high fever and severe rigors. Sloughing occurred in patches, none larger than a half-dollar piece. A disinfectant lotion of liq. sodæ chlorinat. was applied to the penis, and he was instructed to draw his urine with a catheter when necessary. He made a good recovery, all openings healed well, but the distal fragment did not become erect until six months after the accident. The organ finally recovered its former usefulness. This was a case evidently of fracture of the healthy penis, there having been no disease of that organ up to the time of the accident.—*N. O. Med. & Surg. Jour.*

Homœopathy and the Treatment of Dysentery.

Dr. D. A. Baldwin, of Englewood, N. J., writes us concerning the method of treating dysentery with small doses of corrosive sublimate, as recommended again recently by Dr. S. B. Childs, *Medical Record*, Aug. 23d. He says: "Hull's Jahr, for thirty years a leading manual of homœopathic practice, gives, under treatment of dysentery, mercurius bichlo. for painful bloody stools, and colocynth for the griping pains and tenesmus. The editor says: 'A successful procedure in our practice is the alternate administration of colocynth and mercury for many forms of dysentery. Colocynth first, trit., alternate with the

mercury, when the griping pains and tenesmus are intense." Every work of homœopathic practice published since recommends the same." Dr. Baldwin makes the extraordinary charge of "gross plagiarism," based upon the above. The charge, however, will fit better against Jahr. At any rate, mercury in small doses was recommended in Trousseau's *Treatise on Therapeutics*, and was used more than thirty years ago by Leclerc.—*Med. Rec.*

Listerine.

As a deodorant and antiseptic for the sick-room and dentist's office, Listerine stands pre-eminent. While it is equal to any and superior to most of the agents commonly used under such circumstances, it adds an agreeable aroma instead of an offensive odor to the surroundings, and is particularly well adapted to the lying-in room. It may be freely used in spray or lotion without stain or irritation as an agreeable and effectual detergent. It is also specially commendable in weak solution, as a mouth-wash and gargle for aphthous sores or a fungus condition of the gums, and bad breath; and for certain forms of indigestion—those accompanied by disagreeable eructations—a few drops of Listerine in water swallowed is a particularly grateful and excellent remedy. Moreover, according to a series of "Experiments upon the Strength of Antiseptics," by Dr. A. T. Cabot (*Boston Medical and Surgical Journal*, Nov. 27, 1879), Listerine compares favorably with the most reliable agents for the rapid destruction of micro-organisms.—*The Sanitarian*, Oct., 1884.

Medicinal Treatment of Habitual Constipation.

Dr. Mortimer Granville, in the *British Medical Journal*, gives three prescriptions for habitual constipation. Where there is a lax and torpid condition of the muscular coat of the intestine, the following is recommended: R. Sodæ valerianatis, gr. xxxvj; tinct. nuc. vom., ʒ j.; tinct. capsici, m. xlvij; syrupi aurantii, ʒ jss.; aq. ad ʒ vj; ʒ ss. water half an hour before meals. Where there is a deficiency of glandular secretion throughout the intestine the following is useful: R. Aluminis, ʒ iij.; tinct. quassia, ʒ j.; infusi quassia, ad ʒ viij.; ʒ j. after meals. A third

form, which depends chiefly on interruption of the habit of periodic discharge, is benefited by directing a regular attempt to go to stool, and to take the following draught the first thing after rising from bed: *R.* Ammon. carb., \mathfrak{z} j.; tinct. valerianæ, \mathfrak{z} j.; aq. camph. ad \mathfrak{z} vj.; take a sixth part as directed.

Sciatica.

In the *Amer. Pract.*, Dr. Comingor, of Indianapolis, recommends a somewhat new adaptation of an old treatment. The patient is placed under chloroform or ether; the affected limb is thoroughly flexed and extended, and made to move freely in all directions, and then at once put up in plaster of Paris, in which it is allowed to remain for a week. At the end of this time the cure should be complete. The treatment is best adapted for severe cases with contraction of the limb. It is virtually nerve-stretching without incision. With the forcible flexion we are already familiar, but not with the combination of a subsequent plaster case. We consider the method worth trying, and therefore record it.—*Edinburgh Med. Jour.*

Saddle Bags.

Nothing can be devised which will answer the purposes desired more thoroughly than Mellier's Standard Saddle-Bags and Buggy Cases. Send for a descriptive circular, and remember that upon receipt of price the proprietors will deliver to any express office in this country, charges prepaid.

Muriate of Cocaine.

Having had occasion to use the Muriate of Cocaine recently in a case of ophthalmic surgery, I unhesitatingly pronounce it the par excellent anesthetic, or the desideratum in anesthesia of the eye. This case was presented Nov. 26, 1884, with five small pieces of emery from an emery wheel piercing the margin of the cornea and lodging under the membrane, causing great pain. A five per cent. solution of the muriate of cocaine was instilled into the eye, and was instilled every five minutes for twenty minutes, when complete anesthesia was obtained and the eye fixed with a gold speculum for removal of the substances. There

was no apparent reflex spasm, no involuntary shudder, nor was there any such pain as is usually experienced by subjects while being operated upon for like causes. After fixing the speculum the operation was completed without the further instillation of the solution, and the patient expressed himself as delighted with the painless operation. I had performed less painful operations before while the eye was under the influence of this anesthetic, but this exceedingly painful operation was so successful, done under the use of the cocaine, that I come to the front with this recommend.

Yours truly,

S. W. INGRAHAM, M. D.

Tongaline.

Judson, Sullivan Co., Mo., July 12, 1883.

Have used the Tongaline for neuralgia in the head and neck with satisfactory results. The pain gradually disappears under its administration, leaving the mental and physical faculties free to resume their natural functions. It does not interfere with digestion, or interrupt the secretions, as do most of the narcotics, but seems to increase the appetite and augment the flow of the urine.

J. N. BUSICK, M. D.

Milk Food.

The Anglo-Swiss Condensed Milk, which is being advertised in this paper, has won the highest encomiums from the most competent authorities as the best food made for infants and invalids. A treatise on this all-important topic will be mailed, free of cost, to all applicants by the Anglo-Swiss Condensed Milk Co., 86 Hudson street, New York city, or can be procured of druggists.

Gold Medal Awards to United States Products at International Health Exhibition, London, 1884.

Among the food products exhibited at the International Health Exhibition, London, 1884, from the United States, were *Beef Peptonoids* and *Maltine*; both of these preparations carried off the only Gold Medal and highest Award against numerous competitors in their respective classes. All food preparations were critically analyzed at this Exhibition by a jury composed of the best chemists in the country.—*London Lancet*.

EDITORIAL.

Medical Legislation.

Just now the secular press of Missouri appears to be doing what it can to cripple the efforts of the State Board of Health, and its whole influence seems bent toward the discouragement of further legislation upon sanitary matters, and the appropriation of means, by the State, for the support of the State Board of Health. Through editorials, and communications from persons pecuniarily interested, parties engaged in disreputable practices, and such as have been disappointed in their aspirations for office, the people are furnished with a great deal of negative information. The true status and real practical workings of the board are not properly and fairly presented in the daily papers. It is easy to say that the board does nothing, that diseases still prevail, etc., but it is just as easy to see and expose falsehoods. It is true, diseases still prevail, and no board of health on earth can possibly prevent this; but by proper sanitary regulations the spread of diseases may be very much limited and the character of epidemics greatly modified. And now, just on the eve of a threatened cholera epidemic, the people, and especially the members of the legislature, should carefully consider what they are doing; by no means should the Board of Health force be curtailed, or the remuneration reduced, for as new responsibilities are assumed, more means are required. This will, in all probability, be found to be true during the coming season, and we hope our legislature may not fail to give the State Board ample means to enable it to do good and efficient work.

It may be interesting to inquire why it is that the secular press so earnestly and industriously opposes the State Board of Health. Here are the facts: While we do give the proprietors of newspapers credit for having a little care for their readers, they think a great deal more about themselves. They make and furnish newspapers for the pay, and they conduct the business from a business stand-point—publish what they think the greatest num-

ber of people will like to read, and what will make their papers popular and eagerly sought, no matter whether cholera prevails or not. In fact they have a great deal more concern about their own financial interests than they do about the good name of individuals, or the general health of the people. Again, it is well known that the State Boards of Health have done very much recently toward the abolition of questionable medical practices (sometimes called quackery) in Missouri, Illinois and West Virginia, and as the boards of health limit or arrest these practices, the monstrous and numerous advertisements of the so-called quacks no longer appear in the daily papers. No wonder the secular press is arrayed against Boards of Health, for the liberal patronage of advertising doctors and patent medicine dealers is one of the principal sources of income to many newspapers. Look over the pages of any of our daily papers, and it is easy to locate their interests. A single advertising doctor will put more money into the treasury of the newspapers than all the boards of health in the country.

Now, these are plain facts, and while things are not exactly as they should be upon the side of the opposition, it is possible that boards of health may make mistakes that are likely to increase the strength of the opposition. Any apparently oppressive measure introduced by a board of health, especially if it is unusual and extreme, will be sure to excite discussion and arouse a lively resistance, and advertising doctors and patent medicine men, with their money and the influence of the press, may not only cripple boards of health that are doing good work, but, in some instances, they may kill them outright. While we are in favor of well-organized and well-paid, efficient boards of health, we shall ever insist upon their keeping within the bounds of propriety. Extreme grounds are certain to weaken any cause, and before any board of health undertakes to annihilate any practice, measure or person, it should look well to the final results and the general welfare of the whole people. Whenever any legislative or executive body undertakes to abuse its privileges, or oppress people because it has the power, it ought to be restrained; but it is not always necessary so kill it to have it behave properly. We hope boards of health will conduct them-

selves in a commendable manner, that they may require no restraints, and we sincerely desire to see the people work in harmony with them. Let nobody be deceived by the complaints of disappointed office seekers and designing newspapers—parties that look more to the money coming from offices and advertising than they do to the interests of the public health.

Budget Notes.

—Word comes from Brazil that Dr. Dominigas Freire, who has been experimenting with a view to ascertaining the effects of vaccination against yellow fever, has been practically illustrating his theory upon himself and some hundreds of wharf-laborers and British seamen. It is noted that not one of the men thus operated upon by attenuated virus has been stricken with the fever, though it has been prevalent among their unvaccinated companions. This is carrying the point a good deal beyond Pasteur's hydrophobia inoculation, and if the experiments are rightly reported will place Dr. Freire's name beside that of Jenner as the virtual destroyer of a dreaded and dreadful disease.

—Prof. Clark, of Chicago, thinks that "*Uria*" of the Georgia editor is nothing more nor less than the *Alalia* of the ancients, which consists in psychical defects from morbid defects of the higher centres governing written and spoken language, and in this special instance exhibits itself in spelling "*carcenoma*," "*hermorrhage*," "*proceedure*," "*asceptic*," etc. But in Milford, Mass., there was a young lady, who, after taking lessons on the piano for eight years, sent an order to a musical store in New Haven, and fearing her spelling might be defective, added this postscript: "You must eskews this letter as I pla bi noat but spel by ere."

—"Microbe and microbie are quite good words to designate the animalcules. I would give the preference to microbe; first, because it is shorter; next, because it reserves microbie, a feminine substantive, for the designation of the state of microbe."

M. Littré.

—Brinton advises patients with stiff necks and shoulders to bore, with a gimlet, twenty holes, two and a half inches deep, in a soft plank daily.

—Dr. Chalmers used to say that when one is in the act of tipping his hat to a young lady whom he supposes to be an acquaintance, it requires a good deal of tact to make believe that he is only scratching his head when he finds that she is a perfect stranger.—*Am. Druggist.*

—“Come, come, Willy,” said Fanny, “do take your medicine now like a good boy.”

“When I take medicine,” said Fanny, “I don’t like it any better than you, but I make up my mind to take it, and I take it.” “Now Willy, take your medicine.” “Yes,” said Willy, “I am just like you, Fanny; only, I make up my mind *not* to take it, and I *don’t*.”

—“Where do you expect to go to when you die?” asked a minister, to a tipsy fellow leaning against the fence.

“Hic, if I can’t get along any better than I do now, hic, I shant’ go anywhere.”

—Narrow-souled people are like narrow-necked bottles—the less they have in them the more noise they make in pouring.

—A dentist was recently saved from drowning by a laborer, and from the depth of his grateful heart exclaimed: “Noble and gallant man, how shall I reward you? I am a dentist, sir, only come to my office and I will cheerfully pull out every tooth you have got in your head, and will only charge you half price.”

—A negro was once praying earnestly that he might be preserved from what he called “up settin sins.” “Brudder,” said one of his friends at the close of the meeting, “you ain’t got the hang o’ dat ar’ word, its besettin sin, not upsettin.” “Brudder,” replied the other, “if dat’s so it’s so; but I was prayen de Lord to save us from de sin of intoxication, and if dat sin ain’t upsettin, den I dunno what am.”

—The midget mother, Mrs. Frankie Roberts, of Syracuse, New York, weighing thirty pounds, was delivered of a seven and a half pound boy by Cæsarian operation. She was operated on January 14th, and died the 16th; and we read of the other extreme in Mrs. Tracy, of Kingsbridge, New York, a woman of normal size, and mother of three children of normal proportions, who gave birth to a child that measured six inches and weighed only eleven ounces.

BOOK NOTICES.

DISEASES OF THE URINARY AND MALE SEXUAL ORGANS.—

By Wm. T. Belfield, M. D., of Chicago.

Prof. Belfield is a scholar, and has devoted much time and observation in the pursuit of reliable information upon the subjects of his treatise, and the book is a valuable one. It constitutes the October number of Wood's Library for 1884. Wm. Wood & Co., New York.

THE THERAPEUTICS OF THE RESPIRATORY PASSAGES. — By
Prosser James, M. D., London.

This is a first-class work upon the diseases treated, and belongs to Wood's Library for 1884, November number. Wm. Wood & Co., New York.

A MANUAL OF MEDICAL BOTANY OF NORTH AMERICA.—By
Lawrence Johnson, A. M., M. D., New York.

Medical botany does not receive the attention it really demands, and to those having tastes in this direction, this volume will prove exceedingly interesting. It is the December number of Wood's Library for 1884. Wm. Wood & Co., New York.

A PRACTICAL TREATISE ON MASSAGE, ITS HISTORY, MODE OF
APPLICATION AND EFFECTS, INDICATIONS, AND CONTRA-
INDICATIONS.—By Douglas Graham, M. D.

Massage is a potent measure in many diseases, and every physician should know how to use it to the best possible advantage. This book contains the required information. It is fine. Practical. Cloth, \$2.50. Wm. Wood & Co., New York.

HOLDEN'S ANATOMY—A MANUAL OF DISSECTION OF THE HU-
MAN BODY.—By Luther Holden, London.

We have many works on anatomy, and good ones, too, but this is specially adapted to the learner, the medical student. We strongly, earnestly recommend it as a plain and correct work upon this subject. Cloth, \$5.00; leather, \$6.00. P. Blakiston, Son & Co., Phila., Pa.

A THEORETICAL AND PRACTICAL TREATISE ON HEMORRHOIDAL DISEASE, GIVING ITS HISTORY, NATURE, CAUSES, PATHOLOGY, DIAGNOSIS AND TREATMENT.—By Wm. Bodenhamer, A. M., M. D.

This is one of the most exhaustive and satisfactory works we have seen upon the subjects named; and such diseases as piles, fistula and anal fissure are constantly presented for treatment. This makes the book all the more interesting. Every practicing physician should have a copy of this book. Price, cloth, \$3.00. Wm. Wood & Co., New York.

A PRACTICAL TREATISE ON THE DISEASES OF THE EAR, INCLUDING A SKETCH OF AURAL ANATOMY AND PHYSIOLOGY.—By D. B. St. John Roosa, M. D., LL. D., New York.

This is the sixth edition of Prof. Roosa's work, and it is revised and enlarged, and brought up to the times in every regard. For years Prof. Roosa has been a leading authority upon this subject, and as time passes, his work is still the more appreciated by those who know him and profit by his teachings. This is a fine production. Price, cloth, \$5.50; leather, \$6.50. Wm. Wood & Co., New York.

SURGICAL DELUSION AND FOLLIES.—By John B. Roberts, A. M., M. D., Philadelphia.

A very interesting exposition of many follies in surgical practice. B. Blakiston, Son & Co., Phila. Pa.

THE BASIC PATHOLOGY AND SPECIFIC TREATMENT OF DIPHTHERIA, TYPHOID, ZYMOTIC, SEPTIC, SCORBUTIC, AND PUTRESCENT DISEASES GENERALLY.—By Geo. J. Ziegler, M. D., Philadelphia, Pa.

This work is peculiar in its teachings. The author thinks that super-alkalinity is the chief cause of this class of diseases, and that an excess of ammonia in the system is the principal wrong to be combatted in the management of them. His observations are interesting, and his advice regarding the use of acids is quite practical. The book is worth more than it costs. Cloth, \$2.00. Address, Geo. J. Ziegler, M. D., Philadelphia, Pa.

THE DIAGNOSIS AND TREATMENT OF CHRONIC NASAL CATARRH.
THREE CLINICAL LECTURES DELIVERED AT THE COLLEGE
OF PHYSICIANS AND SURGEONS, NEW YORK. Geo. M. Leff-
erts, A. M., M. D.

Prof. Lefferts is an accomplished specialist of standing and experience, and whatever he says must be taken as coming from high authority. The work before us is small, fifty pages, but it is just to the point. The descriptions are good; illustration of apparatus fine; and the selection and adaptation of measures unexceptionable. Indeed, this is one of the most practical books we have seen, and all who feel at all interested in this prevalent disease, chronic nasal catarrh, should at once procure a copy of this work. Fine paper and first-class cloth, \$1.00. Lambert & Co., St. Louis, Mo.

MISCELLANEOUS PARAGRAPHS.

Cocaine.

Nov. 20th, Louis Seckels, bookkeeper, was struck by his wife with a slipper; slight abrasion of cornea; suffering pain and photophobia; applied four per cent. solution cocaine twice at intervals of three minutes; pain ceased, atropia, etc., finished up the case.

Dec. 4th, Edward Sweeney, blacksmith, ulcer of the cornea; complained of pain, lacrymation and photophobia. His physician had been using atropia and calomel for a week; pupil greatly dilated, though pain still present. Cocaine relieved the pain immediately, and eserine, with a good tonic and hygienic measures, perfected a cure quickly.

Dec. 5th, Jno. C. Thomas, miner. Piece rock in cornea, lower margin of the pupil; attending physician could not remove it without ether; patient suffering very much; no sleep for four days and nights. Cocaine relieved him at once, which enabled me to remove the rock with a spud without any trouble. Patient doing well under atropia, etc.

Nov. 20th, S. T. Thompson, engineer, applied for treatment;

had seven chancroids with bubs, a much neglected case. Used cocaine on a match, applied twice to three small and three times to large sores; then took a pine stick and touched them plentifully with acid nitric C. P. Patient experienced no pain, and was much surprised when told what had been used, as he had "been there before."

Will send bladder case in a few days, as soon as I get time.

M. S. BACON, M. D.

Butte City, Montana.

Sore Throat.

Regarding the use of tincture of guaiacum in inflamed sore throat, I would say that I first learned of its uses from Dr. James Prosser, physician to the Hospital for Diseases of the throat, London. I have used it frequently and found his recommendations of it fully confirmed. I frequently use it in ordinary sore throats of an inflammatory nature, and find it indicated in pharyngitis, as well as in tonsillitis. When a patient comes to the office complaining of great pain from an inflamed throat, I usually pencil it with guaiac, and after a few moments they will experience the greatest relief. Its action is such as to allay the swelling and abort the affection, if it is only applied early in the attack. I am pleased to say that cases of quinsy treated in accordance with the above named plan, by the applications of guaiac and hot water, will be cured usually within a week. The recommendation of these two remedial agents should of course be accompanied by the internal administration of other remedies, such as may during the course of the disease be rationally indicated.

T. GRISWOLD COMSTOCK, M. D.

ST. LOUIS, Mo.—*Medical World.*

Proceedings of the Texas Eclectic Medical Association.

Pursuant to call, a number of the Eclectic profession convened at Dallas, Texas, upon the 10th of December, 1884, and at 10 A. M., in the parlors of the St. George Hotel, perfected a permanent organization of the "Texas Eclectic Medical Association," by electing J. N. Adkins, M. D., of Lampasas, as President; J. M. Williamson, M. D., of Stephenville, 1st Vice-Presi-

dent; M. W. Henry, M. D., of Waelder, 2d Vice-President; A. H. Collins, M. D., of Honey Grove, Secretary; and J. R. Johnson, M. D., of Cotton Gin, Treasurer.

The President addressed the association, and in a few well chosen words urged the necessity of a hearty co-operation of the Eclectic fraternity of the State.

Upon motion of Dr. J. M. Williamson,

Resolved, That the President appoint a committee, consisting of five, to draft a Constitution and By-Laws for the government of the Association.

Drs. Johnson, Williamson, Henry and Collins were appointed upon said committee. Upon motion, the President was added.

Recess till 3 P. M.

Afternoon Session.—The committee to whom was referred the drafting of the Constitution and By-Laws reported.

Constitution and By-Laws adopted.

Upon motion of Dr. J. R. Johnson,

Resolved, That the President appoint a committee to draft a memorial, to be presented by the Association to the next Legislature, protesting against the injustice of the policy set forth in what is known as the Daniel Medical Bill, and against Class Legislation of a medical character in general.

The President appointed upon said committee, Drs. Henry, Johnson and Harris, and upon motion, Dr. Carl Murray was added.

Upon motion of Dr. A. H. Collins,

Resolved, That this Association indorses the course pursued by The Southern Homœopathic Pellet, and published at Austin, Texas, and in their fight against Class Legislation and the so-called Daniel Bill.

Recess till 7 P. M.

Upon resuming,

The committee to whom was referred the drafting of a memorial to be presented to the Legislature reported. Memorial adopted.

Upon motion of Dr. J. M. Williamson,

Resolved, That the President appoint a Delegate and Alternate to represent the Texas Eclectic Medical Association in the meeting of the National Eclectic Medical Association of 1885.

The President appointed Dr. A. H. Collins as Delegate, and Dr. M. W. Henry as Alternate. The nomination of next place of meeting being in order, Waco, receiving a majority of votes, it was, upon motion of Dr. M. W. Henry,

Resolved, That the Texas Eclectic Medical Association meet at Waco, Texas, upon the second Tuesday in November, 1885.

Adjourned.

The Eclectics of Texas are to be congratulated upon the favorable auspices which their State organization begins life. Although slow in arriving at maturity, it possesses a membership which they may well be proud of—active, progressive men—which prognosticates a long and useful career. The Waco meeting will be one of unusual interest, and every Eclectic in the state of Texas will find it to his profit to meet with the Association at that time, and partake of the “feast of good things.”

A. H. COLLINS, M. D.,

Secretary.

Locomotor Ataxia.

Dr. Müller (*La France Médicale*) claims to have had a measure of success in his treatment of this affection. The diet, he says, should be strengthening. Coffee, strong tea, and undiluted alcoholic beverages are forbidden. In the medicinal treatment a pill is used composed of $\frac{1}{100}$ grains of nitrate of silver and $1\frac{1}{2}$ grains of extract of ergot. The dose is one pill three times a day and is gradually increased to three pills three times a day. After about twenty grains of nitrate of silver have been taken the pills are discontinued for three weeks, when their administration is then resumed in the same way. The treatment may extend over five or six months. The author does not believe that the disease is often of syphilitic origin, and never uses specific treatment, unless he can discover unmistakable evidence of syphilis. Electricity is often useful, but galvanism of the medulla should be practised as well as that of the cord. Faradization of the skin by means of the brush electrode, either alone or combined with galvanization of the nervous centres, may also be of advantage. The author condemns hot water or vapor baths as being positively injurious. Cold baths are also contra-indicated. The

proper temperature for a bath is 84° to 86° , and the patient should remain in the water from three to five minutes only. Massage may prove to be of use, though data on this point are wanting. Stretching of the longer nerve-trunks is a dangerous and unwarrantable procedure. For the pains Dr. Müller makes local applications of a liniment consisting of veratria, four grains; chloroform, half an ounce; and oil, one ounce. For the gastralgic crisis he uses strong faradization, with a brush over the epigastrium. Ocular paralysis is treated by the continued current. For the relief of vesicular spasm, he gives pills containing one and a half grains of the extract of *cannabis indica*.—*Midland Med. Misc'l.*, Oct. 1.

What is Ozone?

Ozone is an allotropic modification of oxygen, in like manner as the diamond, graphite, and charcoal, although displaying a striking difference in their several physical characteristics, are all merely allotropic conditions of the same element, namely carbon. Ozone, then, is merely oxygen, only in a different physical condition, being more condensed, and possessing much greater activity. It has a peculiar, penetrating odor, somewhat resembling that of chlorine, and perceptible in the atmosphere even when the ozone is present in the proportion of only one part in one million parts of atmospheric air. Ozone is the most energetic oxidizing agent known, and attacks even the nitrogen of the air—usually so different in its affinities—as well as most other elements, converting them into their highest forms of oxidation. When ozone is exposed to a temperature of 250° C., equal to 482° F., it is converted again into the condition of ordinary oxygen. It is produced in nature by electric discharges in the atmosphere, and is therefore more abundant in the neighborhood of strongly electrified cloud-masses, and, in general, in the higher regions of the atmosphere.* Through the agency of rain, and particularly of snow, as well as by the descent of condensed moisture, it is conveyed to the lower regions of the atmosphere.

* A room is soon filled with ozone by the action of a static electric machine—EDITOR.

It is then rapidly decomposed by coming in contact with oxidizable substances of either vegetable or animal origin, on which it can exert its destructive effect.

Such bodies as carbonic oxide gas, sulphuretted and phosphuretted hydrogen are at once attacked, deprived of their gaseous form, and transformed into other combinations, which are then transferred to the earth. Air loaded with putrid or miasmatic exhalations is therefore immediately purified by contact with ozonized air, and again a development of such exhalations cannot well take place in the presence of ozone.

The action of ozone on such impure air is extremely powerful. According to Schoenbein, an atmosphere containing only 1-3,240,000 of ozone is capable of destroying all noxious matter contained in an equal volume of miasmatic air. Where or whenever there is a deficiency of this quantity of ozone, there will occur zymotic and contagious diseases, such as typhoid, scarlatina, measles, small-pox, miasmatic fevers, yellow fever, etc., as well as all sorts of skin diseases. To detect ozone in the atmosphere, a very satisfactory test is to expose to the air a moistened piece of test paper prepared as follows: The best Swedish filter paper cut in strips, is dipped in a solution of starch and potassic iodide, then dried and preserved from the air and light. When it is to be used, it is slightly moistened (when too dry) by holding it against vapor, or breathing upon it, and then hanging it out in the air from two to ten feet from the ground, protected from the strong *sun* and *wind*. After six hours it will have been oxidized; then remove and dip it into distilled water, when a purple reaction will show in the paper. It is then compared with Dr. Lender's ozonometer, which gives the degree of ozone in the atmosphere where it had been placed. This paper indicates free oxone by liberation of iodine, and consequently, blueing of the starch.

The ozonometry in Boston, which has been carried on since 1878, has proved unsatisfactory, owing to the small quantity of ozone found, which the following table will show, and consequently, the increase of sickness amongst children.

It is acknowledged by the highest authorities of Europe, that the health of a community depends entirely on the quantity of

ozone in the atmosphere. The measurement for ozone was conducted in the following manner: A test paper was exposed to the atmosphere mornings at 7 o'clock, remaining until 1 P. M., and from 1 P. M. to 7 P. M., six hours each. Another was exposed from 7 A. M. to 7 P. M., and from 7 P. M. to 7 A. M., also twelve hours. The result thus received showed maximum No. 6 in twelve hours on a 14 scale ozonometer, medium Nos. 4 and 5 in six hours, minimum Nos. 0 and 2 in the six hours in the day time. Measurements were taken at the same time with the same test papers on a farm, West Stockbridge, Birksheir County, situated on Pleasant Hill about 150 feet above the level of the sea, with much better result. Papers exposed from 7 A. M. to 1 P. M., and 1 P. M. to 7 P. M., show Nos. 8 and 9 on the meter at day time. Those exposed for twelve hours give during the day No. 10, during the night No. 8. In Boston during the hot, dry summer day, no ozone could be observed, while in a thick eastern fog a larger percentage could be observed.—*Medical Tribune*.

Glycerine as an Excipient.

The employment of glycerine in pharmacy is becoming more and more extensive every day, owing in great measure to its property of dissolving various medicinal substances. It is thus very generally used instead of lard or oil in a number of cosmetic preparations. It makes an elegant excipient, but, unfortunately, glycerine will not penetrate the pores of the skin, and prevents also the absorption of any drugs which it may hold in solution. Dr. P. Vigier has recently made some experiments upon himself, which are very simple and may be repeated and verified by anyone, which show in a striking manner the uselessness of employing glycerine as an excipient when absorption of the active ingredient is desired (*Memorabilien*, Nov. 20, 1884). He was never able to detect iodine in the urine after repeated inunctions of a solution of potassium iodide in glycerine (one part to three), but when the glycerine was replaced by a fatty substance, the presence of iodine in the urine was at once manifest. A five per cent. solution of muriate of morphia in glycerine rubbed into the skin produced not the slightest narcotic effect. A one per cent. solution of sulphate of atropine applied for six

hours to the temples caused no dilatation of the pupils. Still more striking was an experiment made with corrosive sublimate. A five per cent. solution of this substance in glycerine was rubbed strongly upon the skin, and yet produced not even a reddening of the surface, nor was mercury to be detected in the urine. The result of this experiment leads Dr. Vigier to recommend the employment of a glycerine solution instead of the mercurial ointment as a parasiticide, since with the use of the latter there is always more or less absorption of the drug.—*The Medical Record*.

Chloral in Chorea.

Dr. Mosler relates a case of very severe general chorea in a girl eighteen years old, in which a speedy cure was obtained by chloral. After morphine and arsenic had been given for two weeks without effect, chloral was exhibited in thirty-grain doses, at first four times, then twice, and finally once a day. On the very first day the patient slept soundly, and at the end of a week the choreic movements had ceased entirely. It is worthy of note that the onset of the chorea was preceded by the tooth-ache, a circumstance which has been remarked by other observers.—*Norsk Magazin for Loegeviden*.

Headache.—Iodide of Potassium.

Dr. Haley says (*Australian Medical Journal*) that, as a rule, a dull, heavy headache, situated over the brows and accompanied by languor, chilliness and a feeling of general discomfort, with distaste for food, which sometimes approaches to nausea, can be completely removed, in about ten minutes, by a two-grain dose of iodide of potassium, dissolved in half a wine-glassful of water, this being sipped, so that the whole quantity may be consumed in about ten minutes.—*N. E. Med. Monthly*, Oct.

Epistaxis—How to Check it.

Dr. Perdue, of Barnesville, Ga., writes: I will not recapitulate the methods laid down in works on the subject. That information is accessible to all. I will merely give one method, which, if laid down in any work, I have not seen, but which I regard as

most important, as it has never failed me. It is the plugging the whole length of the nares with a piece of fat bacon or fat salt pork. I cut the piece long enough to plug the whole cavity from which the blood flows, and smooth, so that it can be pushed in with a twist. I tie a short string to it, so that it can be pulled out when desired. I sometimes put a piece of adhesive strip across the end of the nose and meat, to prevent it slipping out.

The writer then relates the histories of several cases successfully treated by this method.—*Med. and Surg. Rep.*, Oct. 25th.

Listerine.

Dr. Wm. Porter, Physician to Throat and Lung Department, St. Lukes Hospital, St. Louis, thus summarizes:

"The compound known as Listerine has, for nearly two years, served me better than any other remedy of its class. In treatment of diseases of the upper air-passages it is pleasant and does not irritate; in the fermentative dyspepsia, so often accompanying phthisis, it is safe and efficient. It is the most powerful non-toxic antiseptic yet found."—*Lancet and Clinic.*

Pruritus Vulvæ.

Dr. William Goodell, Philadelphia, prescribes for this disease: carbolic acid, one drachm; morphine sulphate, ten grains; boric acid, two drachms; vaseline, two ounces. Also, pat the parts with a sponge soaked in boiling-hot water. This is also a most excellent application for that rawness so often found between the thighs of the newly born.—*Louv. Med. News.*

Uterine Hemorrhage—Iron Alum Locally.

At the recent meeting of the British Medical Association a paper was read by Richard Richardson, before the section of obstetric medicine, in which he claimed very singular advantages from the application of iron alum in cases of uterine hemorrhage. He, moreover, attached considerable importance to the method in which he applied the styptic. He applied it in the form of the crystal of about the size of a hazel-nut, or slightly larger, in severe cases. This crystal is to be introduced with the finger up to the os uteri, and not into it, and there allowed to re-

main. Under its influence the uterus is said to at once contract, a firm coagulum to form, and the hemorrhage at once to cease. The iron alum is also antiseptic, and Dr. Richardson claims to have removed clots, on the fourth and fifth day after its application, which were quite free from any disagreeable odor. In a case of very severe hemorrhage he injects, two or three days after the application of the alum, a little warm water to remove the clots. This method of treatment has none of the dangers attached to it which are inevitable from the injection of liquid preparations into the cavity of the uterus, and Dr. Richardson declares that he has never known it to fail either in accidental, unavoidable, post-partum or secondary hemorrhage.—*Therap. Gaz.*, Nov.

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No. 3.

ORIGINAL COMMUNICATIONS.

ART. IX.—Prurigo and Scabies.—By PROF. E. YOUNKIN, M. D.

Prurigo.—Professional advice is sought for, perhaps, more frequently in prurigo than in any other disease of the skin. In some cases this disease amounts to a serious affection, often resisting the best directed treatment. Tormented by the continued and excessive pruritus, patients often tear themselves cruelly with their nails to obtain only momentary relief, when the itching speedily returns with increased intensity, frequently driving the person to acts of despair.

The disease is characterized by an eruption of papulæ, small in size, and nearly the same in color as the true skin, and is accompanied by the most intolerable itching. Practically speaking, there are but three principal varieties of the disease: prurigo *mitis*, prurigo *formicans*, and prurigo *senilis*.

The *mitis* is proclaimed by a pruritus over the shoulders, breast, lumbar region, outer surface of the arms and thighs. On close observation, a number of small papulæ are seen that do not materially differ in color from the appearance of the skin. They project in so slight a degree that they appear to be rather in the substance than on the surface of the skin. They are not attended with prickling, but with a violent and incessant sense of itchiness. The pruritus is more especially complained of when in bed, or from causes which tend to heat the body, and

the itching may be provoked by the contact of clothing. The pruritus intermits for three or four hours, and is scarcely felt when the patient's attention is deeply engaged. The eruption may continue for several months.

Prurigo formicans is another form that presents with still greater severity and obstinacy. The papulæ in this variety are broader, though less apparent, than in prurigo mitis, and are attended with an incessant and insupportable pruritus. They are usually scattered over the entire body, except the face, feet and palms of the hands. In the evening, and about three or four o'clock in the morning, the itching is increased. Some patients describe their feelings as though a host of insects were burrowing under the skin; and others, as if the skin were pierced with red-hot needles. I have known patients to leap out of bed, and walk about the room to gain an interval of rest from their tormenting itching.

Prurigo senilis attacks the aged, and the skin is affected with a more copious desquamation. The skin, in this form, appears more rudely scratched, which would indicate that the symptoms are of still greater severity.

Prurigo may continue a few weeks only, or it may last for years. Among women and children, whose skins are thin and delicate, the disease disappears without leaving any traces of its existence, but upon the thick integument of the aged the epidermis is thrown off under the form of a mealy powder.

Prurigo attacks all classes at all ages, but is more common among the poor than the rich; more frequently among men than women, though women that have arrived at the critical period of life are particularly subject to the disease.

I have seen cases which I attributed to a neurosis. Other causes have been assigned, such as the use of salt meats, spirituous drinks, highly seasoned foods, defective menstruation, vexation of mind, fatigues of body, etc.

Although itching is a sensation peculiar to prurigo, it must not be supposed that this symptom alone is diagnostic of the disease, as pruritus, in a greater or lesser degree, is present in almost all the affections of the skin. The true character of prurigo lies in its presenting an eruption of irregularly disseminated papulæ, dis-

tinguished by their color, which is similar to that of the surrounding skin.

The treatment of prurigo consists in both internal and external remedies, and to be successful in obstinate cases, the remedial measures must be well directed.

The foods should consist of milk and vegetable diet, cooling drinks, especially lemonade, prepared with nitric or sulphuric acid and sweetened with syrup. In cases of old standing, aconite internally is quite useful. Many years ago, Cazenave considered prurigo as a neuralgia of the skin, and made use of aconite to meet the indications. With females I have also used pulsatilla, with good effect, and with some rhus. tox.

Topical applications are quite important. The slightly sulphurous bath is, of all the external remedies, the most beneficial.

Dr. Duchesne-Dupare lays much stress upon bran baths, prepared by boiling four pounds of bran for half an hour in a sufficient quantity of water, and mixing it with the water of a bath. Sea-salt baths are also employed with good effect. The baths ought to be taken tepid or cold; at too high a temperature they are injurious.

In females, if the catamenia are suppressed, the return of the discharge must be solicited. The treatment will, of course, vary with the general health and state of the uterine system. The following formula will be found of service in many cases: *R.* Sodæ boras.; salicylic acid, $\overline{\text{ss}}$ $\overline{\text{ss}}$; glycerine; aq. rosæ, $\overline{\text{ss}}$ $\overline{\text{ss}}$ $\overline{\text{ss}}$. *M.* Ft. solutio. Apply this lotion twice daily to the affected parts by means of a sponge, taking the precaution first to wash with tepid water and soap, and dry with a coarse towel. The salts of potash and soda, in diluted solutions, both favor the resolution of papules, and quiet the itching.

The following lotion may be applied in the same way as the above: *R.* Sulphite soda, $\overline{\text{ss}}$ $\overline{\text{ss}}$; acetic acid, f. $\overline{\text{ss}}$ $\overline{\text{ss}}$; aqua, $\overline{\text{ss}}$ $\overline{\text{ss}}$ $\overline{\text{ss}}$. *Mix.* Thorough cleanliness of the skin should be strictly enforced, and the soap used for this purpose should be carbolic or juniper-tar.

It is seldom that any good is accomplished by ointments, and their oily nature is more or less objectionable on account of their filthiness.

Scabies.—Scabies, or itch, is a parasitical disease — an inflammatory affection of the skin, unaccompanied with fever, contagious, and characterized by an eruption of pointed vesicles, transparent on their summits, filled with a viscid and serous fluid, and constantly attended with pruritus.

Prurigo belongs to the papulæ, but itch belongs to the vesiculæ. I have seen fit to treat of these in the same article on account of the prominent symptoms of pruritus, and because these diseases are frequently confounded.

When scabies has been communicated there is itching in a few days afterwards, in the parts first which have been immediately exposed to the infection. The pruritus increases through the night by the warmth of the bed. A number of small vesicles now make their appearance, and from five to twenty days after the first contact the spots or points appear over the whole body, except the face and hairy scalp, which is scarcely ever affected. In the folds of the skin and between the knuckles the vesicles appear the most numerous.

Scabies is a disease which, if left to itself, may continue from year to year, and is seldom, if ever, self-curative. Hauptmann was the first man who published a figure of the itch insect (*acarus scabiei*), which, he says, was drawn from nature, and was represented with six feet.

Cestoni observed the poor women whose children were afflicted with itch draw out, upon the point of a pin, from the pustules an insect, which they crushed between their nails with a slight noise. It is difficult to distinguish these insects on the surface of the body, and they prefer to push themselves beneath the epidermis.

When Colonello had one of these insects under the microscope to make a drawing, he observed that it laid an egg of an oblong shape, like the egg of a pigeon.

The *acarus scabiei* is described in form as resembling a tortoise, of a whitish color, the back of a dusky hue, and furnished with a few very fine hairs. The little animal moves with great vivacity; it has six legs; the head is pointed, and armed with two small horns or antennæ at the extremity of the mouth.

The old-time practice of bleeding from the arm and the ex-

ternal use of the blue mercurial ointment for the cure of itch have passed into oblivion, and it has been discovered that milder methods prove less dangerous and equally as effectual. I usually have the patient's skin thoroughly cleansed with soap and water, and apply the following night and morning: *R.* Oil bergamot, ℥ss; glycerine, ℥jss. *M.*

Dr. Decaisne recommends as an instantaneous cure the *oil of petroleum*, which, he states, instantaneously kills a parasite, while at the same time it is a disinfectant against the larvæ which are to be found in the wearing apparel.

Dr. J. W. Comius highly recommends a nitro-muriatic acid bath, and states that he never had to use the bath a second time, unless the disease had become pustulous, and then but a few times. The nitro-muriatic acid bath is made as sour as good, sharp vinegar to the taste. This bath has the advantage over the unctious agents, as it is more cleanly.

M. Biett made a series of experiments to determine what will cure the itch in the shortest time. Forty-one different preparations were employed. Of these he found the following ointment cured in the smallest number of days: *R.* Sublimated sulphur, ℥j; subcarbonate potash, ℥ss; adeps simplex, ℥iv. *M.*, and apply morning and evening. Seven days are required to destroy the *acarus scabiei*, by which it is produced.

R. Recent grains delphinium staphysagria, ℥v; adeps simplex bul., ℥vij. *M.* Digest twenty-four hours, at the temperature of 100°, in a sand-bath, and strain. Friction for four days with this ointment not only destroys both these insects and their eggs, but also completely cures the eruption.

ART. X.—Uterine Examinations.—By S. S. STAUFER, M. D.

[CONTINUED FROM PAGE 53.]

I am well aware that medical practitioners have hitherto obtained but limited instruction in most of the medical colleges on the common ailments of women. But the letters of inquiries on the strength, already, of the first article of this series did really surprise me. I have, therefore, concluded to make another effort to explain the difficulties of vaginal and uterine examinations with former instruments.

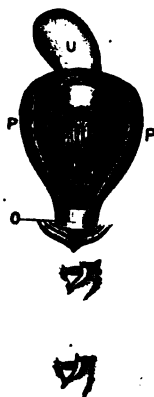
In clinical lectures, the bi-valve, tri-valve or Sims' specula are used with but few exceptions. The patients, commonly under ether, are fixed on appropriate revolving tables. The lecturers look and tell the students what they see, repeating this explanation during the whole rotation of the table. The students are well aware that they do not see either os, cervix, uterine or vaginal condition, but enter their fields of labor with the assurance, that with the same instruments they can go to families and clear up the parts with similar ease and perfection as their teachers represented that they did.

The first family examination is usually a failure, although it would not be well to inform the patient or family of it. Still the simplicity and quality of the instruments are not even doubted. The errors are attributed to the arrangement of the patient. Pondered over and a second attempt made with probably no better success, and so on. Some persevere, seek and accept all probable further instructions, and thus succeed, whereas others become disgusted before or after they have drawers full of worthless instruments, and slight this class of sufferers without any thought that the failure was in consequence of inferior instruments and insufficient instruction.

At a moment's consideration it should be thought that a physician who had listened to at least two series of lectures, and studied anatomy, could tell a useful from a useless specula, and other examining instruments from worthless ones; but I myself could not, and never saw a living cervix uteri plainly, until I had devised the present series of taper and flesh color enameled. Although the explanation seems to be difficult, the comprehension readily follows the understanding.

There are in reality but two kinds of specula, the valvular and tubular. Outside of this series no design of tubular or modification had made its way into general use, except the glass or so-called Ferguson's. Physicians at a start rarely procure more than one of the latter, and when they fail in their object, sometimes purchase one or two other sizes, thus increasing the chance of success somewhat in office practice; but in carriage they are so liable to be broken that the number is usually soon again reduced to one or none.

The greatest amount of labor and money has been spent on the valvular variety. The same may be said of ingenuity, if any had been within reach; if so, it failed in ingenious appropriation. The first difficulty experienced was the closing in of the folds of the vagina on the view, hence the quadrivalve preceded the shortened bi-valve. It would be useless to dwell on the numerous modifications and their authors who fell short of their mark of honor, except Dr. Sims.



This engraving representing a bi-valve expanded, I think should be sufficiently plain to show why no clear view in the vagina can be had with any kind of a valvular speculum. The metal soon becomes tarnished and affords no reflection, still more so when no light can shine on it.

The valves are hinged to a narrow opening at (o). There is no variety of sizes in the valvular kinds, hence the opening and valve-hinging must be small enough for virgins and non-para. Efforts have been made to overcome even this by a screw arrangement to elongate or widen the vulva, but unfortunately for this theory, woman was created before gum-elastic was discovered, and the vulva, as it now is, does not admit of forcible expansion, unless by suffering and danger of laceration.

In this engraving the uterus is shown suspended in the roof of the vagina, but had to be turned oblique in order to be shown in shape. If the cervix would always appear in the center of the expanded plates (pp), and directly before the opening (o), a partial, although shaded view could always be had. But this happens only in exceptional cases.

The cervix and os most commonly point downwards towards the hollow of the sacrum, or by the expansion of the plates are drawn to the side by one of the plates. That the distant eye cannot view even the os, because it cannot see around a curve, is very plain; and as for the reason, the head in which it is located obstructs the light, and at the same time obviates the instrumental examinations and manipulations.

These four letters, including Dr. Rowe's, contain more infor-

mation and instruction on the vaginal examination than is found in any late text-book of seven or eight hundred pages. Yet I am certain that careful readers will still see points unexplained. The silence or unconcern of the text-books verifies the prevailing opinion that the vaginal portion of the uterus could not be cleared up to be visibly explored. This is but one example of the prejudice against new discoveries still maintained by a large portion of the medical profession.

[THE DEFERRED SUBJECT NEXT.]

ART. XI.—A Case of Obstetrics.—BY W. H. WILLHOITE, M. D.,
PAOLA KANS.

PROF. PITZER: I send you for publication in the *AMERICAN MEDICAL JOURNAL* ("if found worthy") the following case, to let the many readers of that valuable journal know how much responsibility some people (and their name is legion), who are as ignorant of obstetrics as a Choctaw Indian is of the science of astronomy, will assume; also their means and remedies adopted by them in order to check and control hemorrhage.

Dec. 11th, 1884, Mr. E. informed me that in all probability my services would be required that night. He said that his wife was expecting to be confined, and had complained the night previous, but this morning she felt better and was up. I went to bed that night (I generally go to bed at night) expecting and also dreading to be called, as it was one of our cold nights. My peaceful slumbers were not disturbed that night or the following night; neither did I hear anything from the case till 8 o'clock, December 13th, when a messenger stated that Mr. E. wanted me in a hurry, as his wife had been confined, child born, and the woman was bleeding to death. Suffice it to say that I got there as fast as the rough roads would let me. The woman lay on the bed, was pulseless, looked cadaverous, and appeared as if dead. Flooding still going on, I gave her a teaspoonful of fluid ext. ergot. Next, I attempted to make an examination per vaginam. The granny woman was at the vulva, or her hands rather, pushing and holding a cloth to stop the blood, she said. An assistant was at each arm rubbing her, to keep her alive, they said. The granny woman looked kind-o-wise-like (imitating some doctor

that I have met), and said to me that the after birth had grown fast and would not come out, and that if she had not worked hard and done everything she knew, the woman would have died before I got there.

I found a stack of old rags and clothes piled up between the woman's legs, about a wooden bucket or wash-tub full, all fully saturated with blood. Well, by the aid of the old lady midwife, I finally got there "Eli," and introduced my hand and caught hold of and gave the after birth a twist and removed it, all in less than a minute; the womb did not contract readily, but I used the means generally employed—kneading, and it soon drew itself into position; gave some more ergot, whiskey, and aromat. spt. ammonia; left her, after three hours hard work, comfortable and tolerably well considering everything. The granny had stuffed rags into the vulva, and as fast as one was filled with blood she used another. She sent out and got the ax and placed it under the bed to stop the flooding, she said. She had heard that it would stop it. I asked her why she did'nt smoke the after birth out with "dominicker" chicken feathers. I had heard they were good and had been used for that purpose. She said she had never heard of that.

Puerperal fever set in on the third day and I visited her daily, and sometimes twice per day till the 26th, when she was convalescent and made a good recovery, and is now, at this writing, up and around. The granny woman came very near letting her go; and I can but wonder that people will trust their lives in the hands of so unskillful a set as they generally are. I suppose that the next case of retained placenta she attends will get a dose of smoke of chicken feathers. Would I like to smell that case? But this is now too lengthy, and I will stop right here.

ART. XII.—Hydrocephalus—Tapping.—By J. S. MILLER, M. D.

Thursday, January 29, 1885, Mrs. Throssel came into my office, according to previous arrangement, with her seven months' old girl. Trouble: Hydrocephalus. Condition as follows: Head measured twenty-two inches in circumference, twelve and a half inches from top of frontal bone to base of occiput. Child had been having light convulsions two or three times a day for nearly a month, which were growing more serious and lasting longer

each time; at first, only slight or merely spasmodic jerking, but developing into hard acute convulsions. As my partner, Dr. McQuitty, was away from home and would not return for a month or more, and considering longer delay dangerous, I called Drs. Thornton and Wright to assist me.

Placing the baby on the operating table, and using equal parts of chloroform and ether as an anæsthetic, introduced a small trocar and canula into the posterior fontanelle, with the point directed forward and downward until it was in about two inches. Then removing the trocar the liquid came through the canula in a small stream, at first slightly colored with blood, then clear, until nearly a pint, by actual measure, had escaped. At this point the baby had slight convulsive movements, and for ten or fifteen minutes was to all appearances dying. As soon as the convulsive movements came on I withdrew the canula; the anæsthetic had been removed as soon as liquid began to escape. After a few minutes we succeeded in getting a little wine and water into her stomach; color began returning to her lips. It was fully fifteen minutes before pulse was perceptible at the wrist. We operated at 1 P. M.; at 2:30 P. M. we again measured the head at same points as before operating, which now measured nineteen and ten and a quarter inches respectively; at 5 P. M. temperature was $101\frac{1}{2}$; at 7 P. M., 102 ; at midnight, $100\frac{3}{4}$; at 7 A. M. next morning, 100 ; at 7 P. M., 101 ; at 7 A. M. second morning, 99 ; and the second night Mrs. T. told me baby had rested better than any night before in a month. On the fifth day she was doing so well I allowed them to take her home in an adjoining county. This is now the ninth day since the operation, and I have just had word from my little patient stating she is doing fine, and yesterday, for the first time in her life, she raised her head from the pillow.

The liquid had been accumulating from birth. Since operating, have kept her bowels and kidneys acting quite free.

Since in practice, nearly six years, I have performed a great many surgical operations, but this is the only one I feel any *extra pride* in.

Ashurst says: "Introduce an aspirating needle into the anterior fontanelle;" but for various reasons I preferred the *trocar*, and also in this case the *posterior fontanelle*.

ABSTRACTS.

Rheumatism.—A Splendid Cure with the Tissue Remedies.—By
E. H. HOLBROOK, M. D., BALTIMORE, MD.*

Miss A. W., 10½ years old, was taken with a chill on January 1st, 1884. The next day I found her with very high fever, pulse 120; severe pains in back and limbs; nausea and vomiting; joints, small and large, greatly inflamed; hands, feet and limbs œdematous. Could not bear to be touched or moved. Great sensitiveness in every part of the body and limbs. Pains became very much worse at night, increasing to such an extent that her screams could be heard by neighbors on either side of the house. Constant cry for cold water: vomiting of food and drink almost as soon as swallowed. Tongue coated yellow, with horrible bitter metallic taste. Great prostration. Hereditary gouty-rheumatic and dropsical diathesis. Has had for some time back a ravenous appetite, especially for sweet things, which was freely indulged.

Treatment.—After wasting much of the first week with various remedies with no improvement, I determined to adhere to the system of Schussler. For the fever, and vomiting of food and drink and inflammation, I gave fer. phos. 6x. Pains aggravated at night, and rheumatic gout, calc. phos. 6x. Œdema, dropsy, yellow coated tongue with bitter taste, sod. sulph. 8x., about ten grains in a half goblet of water, a teaspoonful every other hour in alternation with the other two, which were given dry and at the same time. From the commencement of this treatment decided improvement began, and by the fourteenth day of her sickness she was able to sit up. Previous to her sickness she had become so stout she could not stoop to button her shoes, and her cloak could scarcely be buttoned around her. Indeed, it was so uncomfortable buttoned that she would go with it open almost all the time. After her recovery she was able to stoop, and her cloak could be lapped several inches.

The following is the treatment given for acute articular rheumatism as a rule: In the beginning, fer. phos., until the fever

*Eclectic Medical Journal.

and inflammation considerably subside, to be followed by potas. chloride. If after this has been given a few days and convalescence does not set in, or swelling or cracking of the joints remains, then sod. chloride must be administered. If after this there remain wandering rheumatoid pains of the joints, give pot. sulph. If some remnant still lingers, calc. phos.

But there will sometimes have to be a deviation from these rules. The following are more general: Pains felt only during motion, fer. phos.; to be followed by pot. chlor. Pains, with a feeling of numbness, or creeping, or a sensation of coldness, worse at night and during rest, calc. phos. Laming but improved by moderate exercise, increased by too much exercise, and especially worse after rising from a sitting position (at commencement of motion) also for sciatica, pot. phos. Rheumatic-gouty, pot. chlor., sod. chlor., calc. phos. Lumbago, fer. phos., calc. phos. Worse in warm room in the evening; better in the open, cool air, pot. sulph.

The better I become acquainted with this system the more pleased I am with it. In labor, when the pains are too weak and irregular, have seen nothing act more promptly and effectually than pot. phos. For spasmodic, crampy pains, mag. phos. is a gem. After delivery, fer. phos. where I used to give aconite and cimicifuga, to be followed or accompanied by whatever may be indicated. I also use it as a wash, 3x. to bathe the vulva and abdomen, and for syringing the vagina morning and night. The parts heal quickly under this treatment, and with the use of other remedies as indicated, the patient makes a good recovery.

I have never been as successful treating rheumatism as I have been during the past winter with this system. I have had several cases of it, but none quite so bad as the case reported. One case of five months' allopathic treatment, and growing worse from day to day, which came to my hands, is rapidly recovering the use of her limbs and general health.

Neuralgia.—Since writing the above I have had to treat a severe case of neuralgia of the head. The lady had come sixty miles to attend a musical entertainment, and was compelled to go to bed on account of the pain. After suffering several hours, I was called and relieved her completely in an hour with mag.

phos. 6x., a dose every ten minutes. I hope Professors Scudder and Howe will not scorn these remedies, but give them a fair trial. For the treatment of fresh wounds, fer. phos. cannot be surpassed by any remedy. It quickly arrests the hemorrhage and heals the sore. After using a day or two, substitute pot. chloride. These remedies are to be used internally and externally. Often, if fer. is used very freely at the beginning of the injury, suppuration will be prevented. It is superior to arnica for bruises. Use fer. phos. in the beginning of every injury. *Be sure to get pure remedies.*

Medical Evidence.

An eminent writer* says: "A doctor who knows nothing of law, and a lawyer who knows nothing of medicine, are deficient in essential requirements of their professions."

The object of jurisprudence is the discovery of truth; and the whole range of science, physical and moral philosophy, medicine in its widest sense, everything which experience has established or can discover, are rendered subservient to justice. While there are no limits to the sources and objects of evidence, certain rules have been adopted which restrict its admission. These rules are rigid, and are too numerous and complicated to be discussed here.

An expert is selected by the court, or the parties concerned, for his supposed special knowledge or skill in particular matters to which he is to testify, or make a report embodying his opinions.

I cannot better define the duties and requirements of the expert than to quote full from Elwell:

"Extra knowledge on questions of science, skill, trade, business, or other matters requiring special knowledge, qualifies the person thus informed to give *opinions* in courts of justice. This is contrary to the general rule that the witness must confine himself to facts, and leave the conclusions of those facts to be determined by a court or jury under oath. An opinion is the judgment which the mind forms on any proposition, statement, theory, or event, the truth or falsehood of which is supported by

* David Paul Brown.

a degree of evidence that renders it probable, but does not constitute absolute knowledge, truth, or certainty.

"These opinions or conclusions of judgment, which make up such opinions of experts, are the same in substance as the verdict of a jury or judgment of a court, which is nothing more than the opinion of such jury or court as to what is established by the facts in the case. This conclusion or opinion, in the latter case, is given under the sanction of an oath; so is that of an expert. There is this difference, however, in the two cases. The court or jury is under oath while they are making up their opinions upon the facts in the case, and these facts, upon which the opinion is predicated, are also submitted to the minds of counsel and parties. The facts are also given by the common witness under oath upon which the jury or court makes up an opinion. The expert, on the other hand, comes to the results constituting his opinion, which is to be received in evidence, from his own private study, observation and reflection. He is not under oath when he weighs his facts; and, however anxious he may be to arrive at correct conclusions, he is not under the significant and impressive obligation of an oath to do so; and, though the facts upon which the witness' opinion is based may be called for by counsel, yet, from the very nature of the case, it is not to be expected that the jury or the court will understand them."

Importance of Medical Evidence.—No man, be he professional or layman, is properly qualified to appear as a witness without some knowledge of his duties and the rights pertaining thereto.

The medical man, as a witness, is subjected to the most rigid criticism as to what he says, how he says it, and why he says it, and also to all the influences that may have a bearing upon it. This criticism comes, not only from the opposing counsel, but also from the party by whom he is called, and he is thus placed, as it were, between two fires, from which he is fortunate if he escapes without being wounded, and especially so if he is an important witness.

Ignorance or deception may triumph in the sick-room, where it is not cross-examined, while in open court it can find no protection and must be exposed. The medical witness must under-

stand the general rules of evidence, without which he is sure to meet with interruptions, and chagrin, if not disgrace. No one should presume to enlighten the court and jury in a difficult case, unless he is able to do so. He may be compelled to attend court, like other witnesses, but no witness is compelled to testify to what he don't know, and if he is not qualified, the safe and honorable course is to acknowledge it.

Duties and Responsibilities of Medical Witnesses.—While works on medical jurisprudence must be studied and analyzed, it is not in them that the medical witness will find the directions that he needs to prepare him for the important duties of making up and giving opinions that are to be received as facts by the court and jury.

In a report made to the American Medical Association, the writer, in speaking of the medical witness, uses the following language: "If, however, he concludes to form an opinion and testify, there are certain rules and regulations which he should adopt, not only to give force to his testimony, but for his own protection.

"1. He should listen attentively to the testimony as to all the facts in the case, and avail himself of every authentic means of forming a correct opinion.

"2. He should studiously guard against being biased, either by popular clamor, or because he is called by one side rather than the other.

"3. The medical witness is not to take into consideration the influence which his testimony may have on the prisoner at the bar or the case under consideration.

"4. The expert is called to testify as to the bearing of the testimony given, and though he may have his own doubts of the truth of the testimony, yet, if it stands unimpeached, he must receive it as truth.

"5. A medical witness should not assume the province of the jury.

"6. The medical witness should have his mind fully prepared, before taking the stand, as to what he can testify to and his reasons, if they are required."

The medical witness is rarely called upon to testify to facts,

as gathered by the exercise of his senses; but to give the deductions drawn from the facts given by others. These facts may be new to him, and may be drawn from any part of the wide domain of science; yet he may be called upon to give an opinion, with no time for reflection or for reference to authority, while counsel who manage the case have plenty of time to familiarize themselves with the authorities, and with all the evidence bearing upon the case. The common witness has simply to state the facts within his personal knowledge, but the medical witness must know the facts first, constituting the case, upon which his opinion is desired; he must apply to these facts his special knowledge, and from this reach a conclusion in his own mind, and give this opinion to the jury. He should never permit himself to be drawn into a discussion while upon the stand.

Before answering a hypothetical question, the witness should weigh every word, and see that there is no confusion or contradiction of terms or language, and then confine his answer closely to the supposed case. The courts require a hypothetical question to contain only facts that are in the case, and the expert says what they prove scientifically.

If the question involves an impossibility, as it sometimes does, the witness should decline to answer until a definite case is put.
—*Med. Record.*

Sulphide of Calcium to prevent Suppuration in Small-pox and Chicken-pox.

Surgeon-Major C. J. Peters, of the British army in India (*Indian Medical Gazette*), relates a number of cases in which he succeeded in preventing the suppuration of the cutaneous lesions, and therefore the secondary fever of small-pox, some years ago, by the local use of a mixture of the pentasulphide and the hyposulphite of calcium (commonly called sulphide of calcium) prepared by boiling a quarter of a pound of quicklime and half a pound of sulphur in five imperial pints of water until the liquid was reduced to three pints in measurement, when it was filtered and kept in glass-stoppered bottles. If ordinary well or river water is used, a white precipitate is liable to form in three or four days, while the solution loses its color and is no longer effi-

cacious ; it should therefore be freshly prepared in quantities only sufficient for three or four days' use. It is applied to the affected parts two or three times a day, with a feather, taking care that none of it gets into the eyes. As a rule, the pocks thus treated did not suppurate, but withered in the course of three or four days. The author believes that the lotion acts by destroying the germs of the disease, preventing suppuration, and guarding against the complication that results from blood-poisoning. He would now combine its use with the internal employment of the drug.—*Weekly Medical Review*.

Poison in Kissing.

At a county medical meeting in Utica, N. Y., last Tuesday, Dr. M. O. Terry presented a paper on "Kissing as a Medium of Communicating Disease," which read as follows:

Lives are daily sacrificed and diseases are daily communicated by the promiscuous habit of kissing. As a custom it should be abandoned among women in their greetings.

It is within my own remembrance that a boy was suddenly stricken down with that dreadful malady, diphtheria. The mother kissed the son most affectionately, but it was the kiss of death for her. I have no doubt other physicians have noted similar observations.

In the sacred precincts of the fireside, when death has laid its relentless hands on one of its members, the common practice of kissing is liable to induce septicæmia, and thus other precious lives be exposed to the venomous sting of death. As you can see more easily the action of a drug when given in a large dose, so you will see more pointedly the danger arising from kissing by giving an illustration of a malignant disease.

There is no longer any doubt in regard to the inoculability and infectiousness of consumption. It is not an established fact that it is not contagious. When you remember that more die by its insidious hands than from any other cause, but few families or relatives of families can be exempt from it. This being true, should not persons visiting such unfortunate individuals do away with the accustomed mode of greeting by kissing? A disease which has resisted the treatment of the most skilled up to the

present day should be prevented if possible. Is human life to be sacrificed for the sake of conforming to a custom? Change the custom, and other ways of greeting will be equally popular and much more sensible and safe. The bacillus of phthisis is a minute form of organized life, which acts so subtly that the introduction of it into the system would not be manifested by any immediate symptoms. As surely as a "little leaven leaveneth the whole lump," just as surely will the microscopical germs multiply in the system in the most marvelous manner. Soon there will be a hacking cough, some elevation of the temperature, hoarseness or shallow voice, and the work of destruction now noticeable goes on until its victim can no longer resist its invasion, and death claims the victory. There is a disease more terrible than the two previously mentioned. It is peculiar to no grade in the social world; it is handed down "unto the third and fourth generation," when it gets thoroughly seated in the system, unless treatment be continued for years. It is more terrible than cancer, for that is not hereditary. It is constitutionally destructive, while cancer is more locally so. It eats away the palate, destroys the hearing, softens and disintegrates bones, and in its hereditary descent produces malformations of brain and body. It is known as syphilis. It exists very extensively in this country, but more so in other parts of the globe. A person may have the appearance of health, yet the system may be poisoned by it. Such a person kissing another upon the lips free from the disease could communicate it. Every physician has seen these cases in hospitals or in private practice. Laying aside the question of heredity, a dissolute husband may convey it to his wife, and she in turn to her children or lady friends through kissing.

Treatment of Cholera.

In view of the expected visit of the cholera to this country during the coming year, any contribution to medical literature, bearing upon the treatment of the disease, should receive careful and earnest consideration on the part of the medical profession.

By the researches of Dr. Koch, it is now known that acids are most useful to kill the cholera microbe, and have been successfully employed by the profession in Europe.

Dr. Chas. Gatchell, of Chicago, in his "Treatment of Cholera," says: "As it is known that the cholera microbe does not flourish in acid solutions, it would be well to slightly acidulate the drinking water. This may be done by adding to each glass of water half a teaspoonful of Horsford's Acid Phosphate. This will not only render the water of an acid reaction, but also render boiled water more agreeable to the taste. It may be sweetened if desired. The Acid Phosphate, taken as recommended, will also tend to invigorate the system and correct debility, thus giving increased power of resistance to disease. It is the acid of the system, a product of the gastric functions, and hence, will not create that disturbance liable to follow the use of mineral acids."

The following case is reported from Bangkok, Siam, and may be relied on as authentic: About three months ago a native was attacked with cholera. An American Missionary attended him, and administered all medicines he could, but at last the man was so far gone that they gave up all hopes of recovery, and would do no more. Relatives of the patient begging the doctor not to give him up as lost, the doctor thought of Horsford's Acid Phosphate. After the second dose the patient commenced to revive, and in six hours after, he was pronounced out of danger.

Uterine Diseases.

The great prevalence of uterine diseases is well known to every physician, and hence any remedy of *real value* in the treatment of that class of diseases is hailed with delight by every genuine disciple of Æsculapius. I will, therefore, proceed unsolicited to give the profession the results of my experience with Aletris cordial, as prepared by the Rio Chemical Co., of this city (of which Mr. Richardson, of the well-known wholesale drug house of the Richardson Drug Co., is president). The remarkable and uniform success following the administration of this cordial in diseases peculiar to females, certainly entitles it to the name of Uterine Tonic and Restorative. In dysmenorrhœa I have found it to be the "right thing in the right place." In my practice it has proven also eminently successful in the treatment of amenorrhœa, given in doses of one to two teaspoonfuls

three times a day—no remedy in my knowledge is more reliable when this disease is uncomplicated. The menstrual flow (when not caused by pregnancy or mechanical obstruction) is usually restored in such a natural manner that the patient is scarcely aware that it is caused by the action of medicine. Of course if complications exist, auxiliary remedies will be needed. It may seem strange for me to say that the Aletris cordial has also proven itself to be a remedy of rare value in menorrhagia, but this action of the remedy can be readily accounted for, when the fact is taken into consideration that "it restores normal action to the uterus, and imparts vigor to the entire uterine system," and therefore must be valuable in either irregular, painful, suppressed, or excessive menstruation. That it is a special tonic to the reproductive organs there is no doubt. It can be called restorative because it invigorates the appetite, promotes digestion and assimilation, and thus improves the quality of the blood and builds up the general health. The spasms of the hysterical female can generally be controlled by the use of the Aletris cordial alone, but sometimes the bromides or celerina may be required to be used in conjunction with it. If there is prolapsus uteri, inversion or retroversion, it is obvious that the womb should be replaced, and the cordial should be given until the tone of the uterine and general system is restored. When combined with celerina in equal proportions, and administered in teaspoonful doses four times a day, it is a remedy of peculiar value in the treatment of sterility and impotence in the female. The restoration of the sexual appetite is the sequent of the restoration of the organs to perform the healthy functions assigned them by nature. For correcting the tendency to miscarriage the Aletris cordial, in my experience, has no equal in the *materia medica*—when the womb has aborted for years successively, its continued use has carried cases through the full period of gestation. Where women have aborted during previous pregnancies, the Aletris cordial should certainly be continuously administered during the entire period of gestation. This remedy can usually be depended on alone to cure ordinary vaginal leucorrhœa, but, in severe cases, an injection of a solution of Kennedy's *Pinus Canadensis* (say one ounce pinus, water one-half pint) should be

used at the same time. As a special tonic to the uterine system, and therefore valuable in the treatment of all forms of womb debility, the practitioner who gives the preparation a fair trial will find no remedy deserving of greater confidence. To hold up my opinion of the remedy, *based on my own clinical experience with it*, I will say, that in all diseases arising from uterine derangements, the Aletris cordial is the remedy indicated.

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Illinois State Board of Health.—AN EXTRACT FROM GOV. JOHN M. HAMILTON'S MESSAGE.

The State Board of Health, which was in its inception very difficult to establish by legislative enactment, has steadily grown in usefulness and popular favor, until now it is one of the most important bureaus of the State government. By reason of the able management of its members, and especially of its secretary, the medical profession of the State has been very much elevated and improved. Incompetent beginners have been prevented from practicing. The grade of medical education required for practice has been raised to a respectable and safe standard, while mountebanks and quacks have been driven from the practice of their wiles and deceptions on the people of this State. The health of the citizens and their protection from inroads of contagious and epidemic diseases have been faithfully and carefully watched. Rules for sanitary care and regulation and instruction as to prevention and cure of prevalent and especially dangerous diseases, have also been so successfully published and promulgated that it is believed thousands of lives have been saved.

The recommendations which will be made to the General Assembly by the Board of Health for amendments to the laws by which it is constituted and operated, should be carefully considered and needful changes made. The regular appropriation for the ordinary expenses of this Board for the year ending September 30, 1884, was \$9,000, but this amount was found too small by \$606.94, which was made up from fees and other receipts. The regular appropriation for ordinary expenses should be \$22,500, at least. A very important subject for the consideration of

the General Assembly presents itself in this connection. Asiatic cholera has, during the past year, made fearful ravages among the population of European countries, especially in Spain, Italy and France. According to the usual history of this scourge, its course runs westward around the world. The chances of its reaching this country next summer are very great, and its frightful visitation to the United States can only be prevented by extreme vigilance on the part of both the national government and the States of the Union in enforcing thorough quarantine and sanitary regulations. The State of Illinois should be thoroughly prepared to meet this contingency through the agency of its Board of Health under proper regulations, and equipped with an adequate appropriation to meet all emergencies. To completely quarantine the State of Illinois and protect it all along the eastern, southern and north-eastern frontier by systematic inspection at railroad crossings and boat landings would, in the estimation of the Secretary of the Board of Health, cost from \$80,000 to \$85,000, if this State were acting alone in the matter. But I take it for granted that the National government will do its whole duty in the matter, and that other states east of us will co-operate in protective measures, so that a much less sum will have to be provided by this State for the contingency. Therefore, I suggest that a contingent appropriation of \$40,000 be made, subject to the order of the Board of Health, to be used on approval of the Governor only in case of approach of cholera or other ravaging disease threatening the lives and health of large portions of the people of the State.

Chloroform Treatment of Tapeworm.

We have received several communications upon the above subject. Dr. John H. Thompson, of this city, writes: "Chloroform is *not* a dangerous remedy for tapeworm, if properly used; but where any one gives a dose six times as large as necessary, of a deadly drug, then it may become dangerous. I have thirteen feet of *tænia solium*, with the head, that came from a patient March 27, 1870, after having suffered with it for fifteen years, and been to London and Paris to be treated for it. I, too, had pumpkin seeds, filix mas, and some other remedies, but suc-

ceeded with: *R.* Chloroformi, ʒj; simple syrup, ʒj. *M.* One-third given at 7, 9 and 11 o'clock, followed at 12 o'clock by ol. ricini, ʒj., and the worm came at 1:30 P. M. from the happiest man I ever saw. I had caused my patient to fast absolutely for the twenty-four hours previous to taking my prescription, except allowing him to chew slippery elm bark. I have used the remedy in the same manner since with success." Dr. F. H. Enders, of Wailuku, Sandwich Islands, writes: "I have treated five cases of tapeworm at the Malulani Hospital successfully with the following: *R.* Chloroform, fl. ext., filix mas, āā ʒj.; emuls. ol. ricini, ʒiij. *M.* To be taken in the early morning. No food allowed until thorough action of the bowels. The entire worm was brought away in each case, with no unpleasant results." Dr. Charles H. French, of Waterbury, Conn., writes that he succeeded with the following: *R.* Olei. tigllii, gtt. j.; chloroform, ʒj. syrup glycyrrhiza, ʒj. *M.*—*Med. Record.*

Why Trousseau was Miserable.

Dr. Marion Sims, in his autobiography, gives the following interesting account of Trousseau: "Trousseau was one of the greatest physicians of the age—a man endowed with physical beauty, as well as fine intellect, the philosophic physician, the classical littérateur, the elegant teacher, the successful practitioner. He was without a rival. I had never known such a grand man, who was purely a physician, and yet he was a very miserable man; and why? Had he not reached the highest distinction in his profession? Was he not exhibited as the highest authority in medicine all over the world? His lectures were translated into all languages; and then he was the leading practitioner, the great consultant, the fashionable doctor in Paris, and had accumulated a large fortune. Everybody spoke well of him; everybody admired him as a man; his private character was above all reproach; he had no children whom he could not recognize as his own. As the world saw the man, they had the right to think and to see that he ought to be one of the happiest of men. True, he was not Court physician; but every other ambition of his life had been fully gratified, and yet he was un-

happy; and why? His wife was an elegant and accomplished woman, of great beauty and fine intellect; but they were separated. He had a daughter, one of the most beautiful women in Paris, who married a man too much her senior. They were incompatible, and separated. He had an only son, who was a scapegrace. He was a gambler and everything else that was bad. His father was worried to death with his dissoluteness and foolish extravagance, and had to pay enormous sums of money to extricate him from his disgraceful orgies and gambling complications. He was married to a fine woman, who ought to have made any man happy, but he neglected and made her miserable.

* * * Trousseau had not seen his son for a long time before he died. About a fortnight or three weeks before this event, his son went to one of the gambling hells of Paris and lost all his money and more than he could pay besides. His poor father died soon after this, and his unworthy son saw a notice of his death in a London paper the next day, and I saw the tall, handsome, wretched man bending, heartbroken, over his good father's coffin in the Madeleine, whence he followed it to its final resting place in the Père La Chaise. We are happy or unhappy in this life as our children choose to make us."—*Med. Record.*

Digitalis to Prevent Excessive Desire for Copulation.

In the case of a man who from a persistent desire to have intercourse with his wife, even during the day, Dr. Folsom reports in the *Med. World* the successful action of digitalis as a complete depressor of venereal appetite. He prescribed it in ten drop doses, but the efficient point was attained only after a teaspoonful at a dose was reached, which abolished the power to cause erections, though it did not prevent the amative desire. In another case a young man wanted something that would enable him to hold his passion in check. The digitalis was prescribed for him also, commencing with ten drops, gradually increasing the dose until the desired effect was obtained, which required teaspoonful doses, as in the previous case. Dr. F. prescribes it in insanity resulting from self-abuse.—*Western Medical Reporter.*

Alive in her Coffin.

A terrible affair has just come to light on the levels near Okonoko. Mary Cox, a well-known and popular young lady residing near the mouth of the Little Capon River, was taken violently ill. The physician diagnosed the case as one of neuralgia of the stomach, and prescribed morphia. A dose was administered at once, and another was left, with instructions to give it in twenty-four hours. For some as yet unexplained reason the second dose was given in a very short time. In an hour or two after, the death of Miss Cox was announced, and neighbors prepared the body for burial, and two days later the deceased was interred. At the funeral one lady insisted that Miss Cox was not dead, and begged that a physician be sent for. That night the dogs of a man living near the graveyard stationed themselves near the tomb, and kept up a persistent howling. The neighbors talked, and the next day the grave was opened, when, to the horror of all, it was found that the girl had been buried alive. The coffin presented a terrible sight. The lining was torn from the sides of the casket; the pillow was in shreds; and the poor girl had literally stripped the clothing from her body. Her hands and arms were torn and bloody; the lips were bitten through; and handfuls of hair lay about. The girl had come to, and evidently a frightful struggle to escape followed. The affair fills the community with horror.—*Exchange*.

Therapeutic Applications of Cocaine Hydrochlorate.

We are constantly in receipt of communications from correspondents calling attention to the efficacy of cocaine in hyperæsthetic and irritable conditions of the mucous membranes. The following cases are reported:

Irritable Bladder.—Dr. Sara E. Post, of New York, writes: "Two weeks ago I employed cocaine for an irritable bladder, with almost constant micturition, which four grains of the extract of opium, given per rectum in the course of twelve hours, did not control. By means of the Cushier intra-uterine syringe ten to fifteen drops of the two per cent. solution of cocaine were injected, so as to bathe the neck of the bladder and the urethra over its whole extent. The relief was immediate. The patient

did not micturate for an hour after the application, and not more frequently than once in forty-five minutes during the night. The previous condition did not recur."

Asthma.—Dr. Post relates another case of a woman, sixty years of age, who had suffered from asthma for many years. She presented herself at the clinic for general medicine at the New York Infirmary during an attack. Examination showed a catarrhal condition of the naso-pharyngeal mucous membrane, and thinking that the dyspnoea might be the expression of a nasal reflex, Dr. Post painted the mucous membrane of the nose and throat with a four per cent. solution of cocaine. Within ten minutes the spasm was relieved and respiration became easy and inaudible. The patient was afterward treated with local applications of tannin and glycerine, and the asthma has not returned. This result would seem to argue well for the use of cocaine in the paroxysms of asthma occurring in hay fever.

Pruritus vulvæ.—Dr. Sarah J. McNutt, of 238 East 30th Street, writes: "I have under my care a patient who suffers from an exaggerated pruritis vulvæ, associated with a peculiarly atrophied condition of the parts. All of the usual remedies had been tried with but little relief at any time, and frequently with apparent aggravation of the trouble. This patient came to me a few days ago meditating upon self-destruction, her agony was so great. A four per cent. solution of cocaine painted over the parts gave almost immediate relief, the patient remarking, 'I have now no sensation, not even the sense of soreness, from the rubbing and scratching which has been done.' The physician's satisfaction was almost equal to that of the patient, her treatment had been such a care."

The Treatment of Ringworm.

In an article in the *British Medical Journal*, Mr. Alder Smith recommends a solution of chrysophanic acid in chloroform as an application to ringworm. The chloroform dissolves the fatty matter in the hair follicles, and thus allows the acid to get to the parasite. The hair should be closely clipped. The strength used is seven grains of the acid to the ounce of chloroform.—*The Louisville Med. Jour.*

Action of Salicylate of Soda upon the Uterus.

The action of salicylate of soda upon the uterus has been carefully studied by M. Balette, in a thesis (*Journal de Méd. et de Chir. Prat.* Nov., 1884) in which he notes some effects that are little known. In dysmenorrhœa, 4 to 6 grammes (3j—jss) taken in three doses often calms the pain in a quarter or half an hour, and facilitates the establishment of the flow. This fact had been previously observed by M. Sabalowski.

M. Balette cites several instances of a menorrhagic tendency caused by this drug, which had also been previously observed by M. Bucquoy. He explains this by the fact that this disease has a tendency to cause other forms of hemorrhage as well (hematuria, epistaxis, etc.).

While salicylate of soda has been accused of causing abortions, the results are conflicting. According to M. Balette's experience, this remedy, given in moderate therapeutic doses, is not abortifacient. Still it is necessary to use caution in administering it to pregnant women, as some are predisposed to abortion.—*Weekly Med. Review.*

Spermatorrhœa—Monobromide of Camphor.

The monobromide of camphor has been highly lauded for the cure of spermatorrhœa. Dr. L. J. Fogel, calling attention to it says, that he had under his care for the past three months two cases of spermatorrhœa, the subjects being old masturbators, at respectively nineteen and twenty-one years.

Had administered a host of the usual remedies with no satisfactory results; finally, placed them upon the monobromide of camphor, in two to three-grain doses, four times daily, with prompt effect and perfect cures. Deem this remedy as especially adapted to old-standing cases where the seminal emissions are dependent upon a morbid and relaxed condition of the generative organs.—*Medical Summary*, Dec.

Special Directions for Viburnum Compound.

For the administration of Hayden's Viburnum Compound in dysmenorrhœa. In cases where the patient suffers greatly at the monthly period, it is well to commence by giving her tea-

spoonful doses of the Viburnum Compound every half-hour in a wine-glassful of *hot* water, sweetened, and continue to do so until relief is obtained, unless the stomach rejects it; in which case, the dose should be reduced until it is tolerated. In very severe cases and spasms, hot applications to the loins and inferior extremities are valuable aids as relaxants and keeping up a healthy circulation. Frequently, after taking the Viburnum Compound, the patient will sleep soundly for several hours, from the sudden cessation of pain; in such cases, she should never be awakened through any fear of oversleeping, as the Viburnum Compound does not contain any narcotic whatever, nor does it leave any disagreeable after-effects, and it may be given to a child, when necessary, without any special attention.

Anti-Pyretics.

Professor Gross does not think anti-pyretics are necessary in ordinary cases, where the temperature is only temporarily elevated to 102° or 103°. If it, however, rises above 103°, or remains high for days, then they can be resorted to with advantage. Quinine will generally prove to be the safest and most efficient remedy of this class. It not only lowers the temperature, but, by contracting the blood vessels, hinders the migration of the leucocytes, and prevents suppuration and the consequent waste of tissue. It should, however, be given in full doses of from twenty to forty grains before the evening exacerbation. If for any reason quinine be not admissible, salicin, gr. xx-xxx, or sodium salicylate, ʒj., may be ordered instead. At other times more benefit will be derived from the wet-pack or cold affusions.—*Med. Bulletin.*

Anglo-Swiss Milk Food.

Decided superiority is claimed for the Anglo-Swiss Milk Food in comparison with any other farinaceous food for infants. No so-called milk food consists entirely of milk; all are partly composed of cereal products, involving, when not properly prepared, the presence of an injurious amount of starch, which the highest authorities agree in condemning for young children. The Anglo-Swiss Condensed Milk Company overcomes this objectionable

feature of milk food as usually supplied, by meeting an essential requirement in the method of preparing it, so that when gradually heated with water, according to the directions for use, the starch contained in the materials used is converted, in a satisfactory degree, into soluble and easily digestible dextrine and sugar.

The Anglo-Swiss Milk Food has been found to meet these essential conditions to the satisfaction of physicians and others who have taken the pains to examine it, and we invite critical examination of it in comparison with any other food.

How to Administer Santonine.

Kuechenmeister has shown that lumbrici lived in a mixture of albumen, santonine and water, but they succumbed in a few minutes in an oily mixture of santonine. Experience has proven the necessity of direct contact. Santonine powder or troches are not a good way of administration, for the santonine is then mostly absorbed in the stomach. The only rational preparation is an oily mixture which is slowly absorbed in the intestines. In any other mode it has a toxic effect with many, but given with oil of ricini is not disagreeable, and very efficient.—*Revue de Science Medicale*.

Witch-Hazel in Menorrhagia.

According to Mr. Henry M. Chute, menorrhagia is a very frequent ailment of women in Cape Colony. He has found a valuable remedy for it, he says, in the American witch-hazel (*Hamamelis virginica*), in doses of half a teaspoonful of the fluid extract, in sugared water, twice or three times a day. Mr. Chute states that it acts so quickly that it is not necessary to anticipate the flow, but when menstruation, after it has lasted the ordinary time, is not closing naturally, the remedy given as above will effectually restrain it, and after the hemorrhage has ceased there is no advantage in continuing it. While thus taken, some patients have mentioned that they have a pleasant sense of exhilaration, and have lost that wearying sense of languor felt at these times. Another good result which hazel produces is that, when there is dysmenorrhœa, in a very quick and marked way, relieves the pain.—*Med. Record*.

Hæmorrhoids and Carbolic Acid.

The treatment of hæmorrhoids by hypo-injection of carbolic acid, which owed its origin to a traveling empiric, seems to have survived the experimental and ephemeral stage of success through which all new operations and remedies have to go, and has come to stay as an orthodox method of cure. But one pile should be treated at a time, always selecting the uppermost first. Puncture should be made at the base of the tumor, and not over five or six minims of the solution (acid carb., pure cryst., two drachms; glycerine, ext. ergot, fluid, of each four drachms) injected at a time. The bowels, where possible, should be kept in a soluble condition for a week before operation, with colocynth or senna.—*National Druggist*.

Medical Advice by Telephone.

Husband—My wife has a severe pain in the back of her neck, and complains of a sort of sourness in the stomach.

Physician—She has malarial colic.

Husband—What shall I do for her?

[The girl at the "central" switches off to a machinist talking to a saw-mill man.]

Machinist to Husband—I think she is covered with scales inside about an inch thick. Let her cool down during the night, and before she fires up in the morning take a hammer and pound her thoroughly all over, and then take a hose and hitch it to the fire-plug, and wash her out.

Husband has no further need of this doctor.—*Leonard's Med. Journ.*

Apomorphia.

Apomorphia still maintains its place as a therapeutic agent. Its properties were originally investigated by Dr. Gee, and Dr. Murrell called attention to its value as an emetic in cases of poisoning. The salt commonly employed is the hydrochlorate (hydrochlorate of apomorphia), which, given hypodermically in doses of one-tenth of a grain, produces emesis in a very few minutes. It is essential that it should be administered subcutaneously, as when given by the mouth it is uncertain in its ac-

tion. In cases of poisoning, it is by far the best emetic to employ, and has already gone far to supersede the stomach-pump. The apomorphia tablets made by Wyeth, of Philadelphia, are excellent, and a prolonged trial has shown that they are thoroughly reliable. For country practice they are invaluable, as a solution ready for use can be prepared at a moment's notice.—*Med. Bulletin.*

New Uses for Apomorphine.

Dr. H. S. Stevenson writes to the *Chicago Medical Journal* of an interview with Dr. Weber, of Darmstadt. "Accidentally," she says, "the conversation turned upon apomorphine, and the doctor informed me that he had found it a most excellent remedy in chronic asthma, and related a case of some thirty years standing that had been permanently cured by the administration of one-twelfth grain three times daily, gradually increasing the dose to one-third grain. The result was obtained in about three weeks. The doctor's brother, who is an obstetrician, had found the remedy very useful in rigid os—not interfering in the least with the normal contractions."

The Treatment of Sick-Headache.

Dr. W. Gill Wylie, of New York, has produced excellent results with the following method of treatment: So soon as the first pain is felt, the patient is to take a pill, or capsule, containing one grain of inspissated ox-gall and one drop of oil of gaultheria, every hour until relief is felt, or until six have been taken. Dr. Wylie states that sick-headache as such is almost invariably cut short by this plan, although some pain of a neuralgic character remains in a few cases.—*N. Y. Med. Jour.*

Mellin's Food.

The results of ignorant attempts to supply a substitute for human milk are no doubt sufficiently disastrous; but a diet chosen with care and given with judgment will seldom disappoint our expectations. Mellin's Food has been prepared to meet this want, and is now thoroughly established as the *best* nutriment for infants and invalids ever known.

Guaiac in the Treatment of Acute Sore Throat.

In a recent paper read before the Philadelphia Laryngeal Society, Dr. Joseph B. Pottsdamer speaks highly of the action of the tincture of guaiac in tonsillitis and pharyngitis. The practical deductions which Dr. P. draws from the cases which have been under his treatment are:

1. The almost instantaneous relief from pain.
 2. The improvement in deglutition which almost always accompanies this relief.
 3. The early diminution of the swelling.
 4. The short course of the disease, all of the cases having been practically well on the fourth day of the treatment, if not sooner.
 5. If the case comes under treatment early enough, the disease may be aborted.—*Medical Times.*
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Chronic Dysentery.

Prof. Da Costa finds sulphate of copper, gr. $\frac{1}{2}$ – $\frac{1}{4}$, four times a day, combined with opium, to be very effective in chronic dysentery. Other remedies he finds useful are bismuth, especially in children; nitro-hydrochloric acid, zinc sulphate, argentic nitrate, iron sulphate or Monsell's solution (gtt. iij.-v.), or solution of the nitrate (gtt. xx.-xxx.) All except iron should be combined with opium. When other things fail, small blisters over the spot of the greatest soreness sometimes do good. The diet should contain no starches, fruits, or vegetables.—*Col. and Clin. Record*, Nov.

Liquor Arsenicalis Locally for Naevi.

Mr. J. W. Beatty, L. R. C. P., writes to the *British Medical Journal*: "In my hands it has succeeded admirably, my last eight cases having been cured perfectly and painlessly by the local application of this remedy. The preparation I use is the ordinary liquor arsenicalis of the Pharmacopeia, with which the naevus is to be painted night and morning, until ulceration takes place; and I find that the cure is effected in from three to five days.—*Louisville Med. News.*

EDITORIAL.

The American Medical College.

The regular session of this college for 1884-85 will close March 3d, when the degree of Doctor of Medicine will be conferred upon such members of the class as are found worthy and qualified to receive it.

For the students, the present session has been a very profitable one. Their surroundings have all been very comfortable. The provisions for teaching and learning could not have been better, and the class has appreciated all this, and better progress was never made by any class we have ever had.

This college has no Spring session; we prefer to devote more time to one good, practical course of lectures. This is better than hastily running over the course twice in the same year.

As our graduates go out and enter upon the responsible duties of physicians, we heartily wish them abundant success; and if the knowledge and practical training gained at our lecture courses are properly applied, we have no fears about the results. It should be remembered that knowledge alone does not make a skillful, successful physician; close application and perseverance are essential. If we have even average acquirements and locate in a good community, and determine to do right, and pursue our profession with energy and regularity, one year with another, there will be no doubt about our success. The many failures in the practice of medicine do not depend so much upon limited acquirements but upon a want of application and perseverance. Many of our graduates are making fortunes, and those who now go out may do quite as well as any who have preceded them. We shall expect good reports from them.

Regarding the present condition and future of the undergraduates of our class, we would urge upon them the importance of close application to study and observation during the interval

between sessions. We have some fine material in this class, and, instead of losing, we hope when they return to our lecture course next October they will have improved in every way. Their opportunities for observation should be appropriated under every circumstance, and little upon little practical medical knowledge is accumulated, till we have such a store of information that will make us rich any time and anywhere, if we only will it so. Then let us work, and continue to work, and when we meet next October, we shall all feel refreshed and vigorous—ready for a profitable and successful session.

Alive in Her Coffin.

The story about the girl who was buried alive, as detailed on page 121, is not well authenticated, and we would not have our readers understand us as publishing the circumstance as positively real. Those interested might investigate it. The affair is said to have taken place near Springfield, W. Va.

MISCELLANEOUS PARAGRAPHS.

Boston District Eclectic Medical Society.

The twenty-fifth annual meeting of the Boston District Eclectic Medical Society was held January 13 at the Quincy House, a large representation of the society being present. The meeting was called to order at 7:45 P. M., by R. A. Reid, M. D., Vice-President. The records of the preceding meeting were read and approved. The Secretary's report, showing the number of essays which had been presented during the year, together with many interesting cases reported by various members, made a very creditable showing for the year. The election of officers for the ensuing year resulted as follows:

President, R. A. Reid, M. D.; Vice-President, B. H. Burrill, M. D.; Secretary, Pitts E. Howes, M. D.; Treasurer, John Perrins, M. D.; Librarian, W. A. Perrins, M. D.; Board of Examiners, Drs. Spencer, Green and Geddes. The following assignments were made for the February meeting: Essayists,

Drs. Spencer and Newton; to report cases, Drs. Miles and John Perrins; Subject of Observation, Croup. The society then partook of an excellent dinner which was served in the admirable style for which the Quincy is so justly popular, and to which ample justice was done. If all the members would endeavor to be present at our meetings, whenever it is possible, they would receive great benefit themselves, and contribute to the success and prosperity of the society. *Please bear it in mind.*

PITTS E. HOWES, M. D., Secretary.

Gynecology.

Early in the month of December, '84, Mr. S., living thirty miles west of me, called at my office to consult me in regard to his wife's condition. He went on to say that his wife had been in delicate health for the last two years, and he desired me to visit her, as she was unable to be up, or to be brought to my office in any conveyance, owing to her feebleness.

On visiting the patient, I found her in the following condition: Pulse quick; cheeks flushed; troublesome cough; bowels constipated; tongue loaded; stomach and bowels tender to the touch; painful micturition and defecation.

On investigation, I elicited the following history of her case: Some eighteen months or a year ago she was confined; she had a lingering labor, after which she never fully recovered her health. She consulted her physician, and was under his care for about one year. Being discouraged at his lack of success, she called in another. This one treated her some two or three months for some womb troubles and tuberculosis. As she did not improve, two other physicians were called in consultation; the result of their consultation was that the patient had passed beyond the reach of medical skill, and in a few months she would climb the golden stairs. On making a digital examination, I found the uterus low down in the vagina, the neck swollen and tender, and, to the touch, hard. On withdrawing the finger, there followed a free flow of blood and pus. This flow rather alarmed me, as I feared I had a case of cancer to deal with. I then placed the patient in a proper position, and introduced Stauffer's largest Sims' speculum. After cleaning all the blood

and foul discharges from the os and neck, I discovered that the os was the seat of numerous ulcers, from the size of a split pea down to a pin's head. On opening the os, I found the neck completely filled with small tumors, some as large as a buckshot. I took a pair of small uterine dressing forceps, and proceeded to remove all these morbid growths, which caused some hemorrhage. After getting the hemorrhage checked, I then made a thorough application of chromic acid. In eight days the destroyed tissues commenced to slough off. By the eleventh, the discharges had about ceased. On making the second examination, I discovered a few of the morbid growths had escaped. I again made a thorough application of the chromic acid; in about ten days the destroyed tissues passed off. On my third examination there was no sign of a tumor or ulcer. From then out, I used Kennedy's Aqueous Ext. *Pinus Canadensis* as an occasional dressing. During the local treatment, I kept the patient's bowels in good condition by combining the laxatives with the tonics. I gave nothing for the supposed consumption. The cough ceased; the patient gained twenty pounds in four weeks, and is now doing all her housework. She is wearing a Stauffer Spring Stem Pessary, which she says gives her no pain and keeps the uterus up.

Caddo Mills, Tex., Feb. 7, 1885.

W. S. BAIN, M. D.

Kidder's Batteries.

The committee in charge of the American Institute Fair, New York, have awarded the Medal of Superiority to the Jerome Kidder Manufacturing Company, No. 820 Broadway, New York, for their 1884 exhibit of Electro Medical Apparatuses. For twelve years the Jerome Kidder Machines have received the highest rewards from the American Institute over all competitors, and wherever they have exhibited in competition.

Schuessler's Tissue Salts in the Treatment of Dysmenorrhœa.

I wish to add my testimony to the value of the above-mentioned treatment in the cure of dysmenorrhœa.

Mrs. C. K., age twenty-four years; married two and one-half years; healthy otherwise, but never pregnant. Her monthly

periods regular, but intensely painful *since* her wedded life. The pain and agony before the menses started were really terrible. She was obliged to take to her bed two and three days at each menstrual epoch.

She had been treated by an Allopath, and had undergone examinations and explorations on his gynecological table, in season and out of season. She had been sounded, the cervix dilated for many, many months, and medicines taken by the quart; but all to no purpose, as she was continually growing worse. Finally her medical attendant told her, in reply to her urgent request whether there were any hopes of her ever getting well: "No; I hardly think you ever will. You may be benefitted, if you keep on with the treatment," etc.

In this state I saw her. As she had been examined so very often, and had been told that the womb was not in proper position, she asked me to make a digital examination. This being something I never do at a first visit, unless absolutely indicated, I refrained; and told her, as she had no doubt been examined enough and taken all the medicines in vogue for difficult menstruation, I would begin the treatment with an entirely new method. I cannot help but remark, in this connection, how great the desire is, on the part of some physicians, to attribute any and all menstrual or womb troubles to a so-called abnormal position of the uterus, imagining that if they succeed in bringing the organ in the ideal position and holding it there, all troubles will pass away. While in New York City this winter attending the Polyclinic, I had ample opportunity to learn that this belief is far from being verified in practice.

But to come to our patient. Having some time ago purchased the last edition of Schuessler's "New Treatment of Disease," and reading of the action of phosphate of magnesia in dysmenorrhœa, I proposed to ventilate the remedy in this case. (In a previous case of sciatica, I had already become acquainted with the striking results of this new treatment.)

Of the sixth trituration of this preparation she got 2 drachms, dissolved in 2 ounces of boiling water. Of this, she took one teaspoonful every fifteen minutes, on the approach of the menses, until relief was obtained, and afterwards a dose every three

hours. The result was indeed magnificent. There was relief after the third dose. The same manœuvre was repeated for three months in succession, with the same happy results. The fourth month found her a pregnant woman.

Nokomis, Ill., Feb. 8, 1885.

WM. STEINRAUF, M. D.

Uses of Muriate of Ammonia.

The *Medical Record* says: It increases the secretion of mucus from the alimentary canal, and is supposed to render the blood less plastic and coagulable, without impairing the structure of the corpuscles. Its habitual use causes emaciation, renders all the secretions freer and more abundant, and exerts an alterative and absorbent action, especially on the connective tissues, in hyperplasia and cirrhosis of many organs. It has even exerted some beneficial influence upon the fibrous tumors of the uterus, and much more upon the chronic engorgement of that organ. Its slow but steady modification of the nutrition of the connective tissues has been seen in chronic enlargements of the liver, spleen, prostate, thyroid and other enlargements. It cures many cases of gleet, and if any internal remedy will relieve strictures of the urethra, this is the one most apt to do it. It cures some cases of neuralgia depending upon thickening of the neurilemma, and is one of the best remedies in fibrous phthisis. If other remedies fail, it should be tried in sclerosis of the cord and brain depending upon thickening and induration of the neuralgia.

Liver Spots.

In an article on tinea versicolor, or liver spots; the *Medical and Surgical Reporter* says: The treatment is not difficult. The sulphur preparations are all useful, such as sodium hyposulphite, one drachm to the ounce of water, or Velminckx's solution, which is prepared as follows: Quicklime, one-half ounce; flowers of sulphur, one ounce; water, ten ounces. Boil down to six ounces and filter. Perfume with oil of anise. This may be used diluted with four to eight parts of water, to be dabbed on the patches after a bath with soap and water. At the end of a week scarcely any sign of the disease will remain, and at the end of two weeks a cure may be affected. The result depends largely on the manner of making the application.

Enterprising Pharmacists.

I am in receipt of a sample box of Dr. Rabuteau's "Iron Dragees," sent, presumably, by Clin & Co., of Paris, through their American agents, E. Fougere & Co., of New York. The "dragees" are said to contain the most soluble preparation of iron, and to cure a goodly number of diseases. I am not prepared to dispute the absorbability or curability of the "dragees," but am in sad ignorance of the *kind* and *quantity* of iron in a "dragee." Since Dr. Rabuteau and his enterprising pharmacists have forgotten (?) to mention these two important things, I most respectfully await further information. It must not be inferred for a moment that the authority of Dr. Rabuteau is questioned; for he lives in "*Paree*," has made a *specialty* of the study of iron, and is "Laureat de L'Institut de l'Academie des Sciences," which is sufficient testimony for the most skeptical. The enterprise of the pharmacists, however, can only be accounted for by their confidence in the doctor. Now, everybody enjoys a "good joke," or something funny, but it is just "*too waggish*" to see a pharmacist playing doctor. If our Boards of Health cannot suppress capricious doctors, they might try their hands on the pharmacists.

Rowe.

Ulceration of the Uterus.

Miss F. B., of Anderson Co., Kas., æt. twenty-three, visited Ohio in the fall of '83, took sick about the first of January. Dr. B. was called in and treated the case for ovarian neuralgia without success. Dr. C. was called in counsel.

At the expiration of nine weeks treatment, Miss B. was removed to Dr. R's Hospital, Cincinnati, and treated six weeks for the same disease (ovarian neuralgia) unsuccessfully. She then returned home. I was called upon to see her. On examination, found her suffering from excruciating pains in region of uterus, lasting from one to four hours, returning nearly daily, and frequently at night. A dark brown, thin, watery, very offensive discharge, constantly. Leucorrhea present, with the leading symptoms of corroding ulcer of the uterus. By using the speculum I discovered ulceration of the os. On further examination with a uterine dilator, found it to extend to internal os and even

to the fundus, destroying a considerable portion of the affected parts as the disease advanced.

Began treatment by applying sul. zinc to the affected parts until the ulcers entirely disappeared; also, dil. tr. ferri chlor. Being of scrofulous diathesis, used tr. stillingia three times a day. For trouble of kidneys, bladder, and urethra, used nit. pot., tr. aconite and gelsem. The latter two agents combined to control severe irritation of the urethra. Being under treatment at my residence for seven months, returned home December 31, the ulcerated parts being healed and in a normal condition. In proportion as the ulceration disappeared so the pains, which became less severe and less frequent.

DR. F. FEAR.

Waverly, Kas., Feb. 11, 1885.

Case of Hysteria Simulating Death.

In the summer of 1884, whilst spending the night in the country, and whilst writing in a lower room about midnight, I was hastily called up stairs to see a young lady, the patient of another physician. She was lying on her left side, breathing very rapidly, not less than fifty times a minute, and with a running pulse, 150 or more, and very feeble. She was apparently unconscious, and could not be roused. After making the attempt to arouse her and turning her on her back, I again felt her pulse, and found it evidently feeble and more rapid, whilst the respiration was still more frequent and more shallow than a minute previously. I turned to the nurse, and said in a low tone: "She appears to be dying." Scarcely had I whispered these words when the patient gave a deep, gasping breath, such as we often see as a final respiratory effort, and then ceased to breathe. The pulse at the same moment was nearly, though not entirely, extinct. I whispered to the nurse: "I believe she is dead." I immediately instituted movements of the arms on the chest, for the purpose of restoring respiration, continuing them for two or three minutes; but in vain. She lay as if dead; her eyes glaring widely. Placing my thumb and finger on the lids to close them, I felt her wrist with my other hand, and found the pulse still flickering, and at the same time observed a peculiar movement of the eyeballs under my thumb and finger. This movement was a sudden

twitch, barely perceptible, quick as an electric spark, and repeated at intervals of ten or twelve seconds. This singular movement of the eyeballs, together with the persistent, though scarcely perceptible, cardiac action, turned my thought to the suspicion of suspended animation. At this juncture the patient, by a sudden jerk, sprang up in bed in a sitting posture and resumed consciousness—the heart and lungs instantly resuming their normal action. She immediately began to implore me not to let her die, and repeated the request so earnestly and persistently as to lead to the inference that she had heard my whisperings to the nurse, which she afterwards acknowledged.

In tracing the history of this patient, I learned what would have prevented the supposition of death, had the history been known to me previously. She possessed a remarkably nervous temperament, both from inheritance and indulgence, and was subject to hysterical paroxysms somewhat similar to that above described. Being entirely ignorant of this leading fact, it was scarcely surprising that I should have fallen into error when abruptly brought face to face with the phenomena described; for assuredly I never witnessed a paroxysm so simulating sudden death, in a practice covering more than half a century. What significance attaches to the singular twitching of the globe of the eye I cannot say; but probably it is considerable. The case may not be of much importance, but it is presented to the reader for what it is worth. It may at least illustrate the fact that a medical practitioner is never too old to learn, or to hit upon things new to him in pathology.—H. GIBBONS, SR., M. D., in *Pacific Medical and Surgical Journal*.

Nutmegs are Poisonous.

Early in December, 1884, one afternoon, a lady here ate one and a half nutmegs. About two hours after, she became drowsy, and remained so nearly an hour, the drowsiness amounting almost to stupor. This was followed by an excited condition, with sharp pain in the brain, then involuntary laughter, wild fancies and incessant talking, without loss of consciousness. Presently pain was felt in the region of the heart, with cold extremities and a depressing sensation. Her face was very pale and her pulse

weak and thready. These alarming symptoms lasted more than an hour, during which time two doses of ammonium bromide were administered. Next morning it was necessary to repeat the dose. Since then she has been unusually nervous.

I publish this case because it is not generally known that nutmeg is poisonous; and, being regarded as a valuable domestic remedy, it is well to remember that large doses of it are dangerous. This patient took about 135 grains, whereas from five to twenty grains is the dose.

J. DABNEY PALMER, M. A., M. D.,
Monticello, Flo.

[The narcotic properties of large doses of nutmeg are mentioned in Natl. Dispensatory, p. 1007, and U. S. Dispensatory, p. 969.—EDITOR.]—*Am. Jour. of Pharm.*

Papine.

Dr. F. M. Jennings, of Harwood, Mo., says: "I have used Papine in my practice, during the last year in many cases, and invariably, where indicated, find it as represented. In fact, all of Battle & Co.'s preparations, in my hands, have given entire satisfaction."

Ammonium Bromide in Puerperal Mania.

Dr. J. B. Jackson highly recommends the use of ammonium bromide in scruple doses, dissolved in a drachm of water and repeated every three hours in puerperal mania with feeble circulation. He reports a case in which other remedies had signally failed, which was speedily relieved by the above.—*So. Practitioner.*

Quinine as an Antipyretic.

Editor Courier.—It has been well established that quinine is a valuable and effective antipyretic, the rapidity with which it acts being often marvelous. No one who has not given this drug in antipyretic doses in typhoid fever, where the temperature is exceedingly high, say from 105° to 107°, and the delirium violent, can properly appreciate it; for in such cases, patients will, generally within an hour or two after its administration, fall into a

sound sleep, and the temperature be reduced to 102° — 103° . Charming as the result is, as a rule, there are some exceptions, and in the following I desire to report a few cases from my practice, which will serve to show that there's some risk in administering quinine in such heroic doses, and that it should therefore be given with care as an antipyretic.

Some years since, I treated a negro, æt. 42, for pneumouia. The temperature one evening rose to 105° , and I administered 25 grains of quinine at a dose. A few hours after taking it he became maniacal, and several persons were required to keep him in bed. Gradually he fell into a comatose condition from which he never awoke. As this is not the usual manner in which pneumonia terminates, there can be but little doubt that the medicine hastened his "removal."

In August, 1883, I was summoned to see a girl, æt. 14, during a paroxysm of intermittent fever in which the temperature rose to 106° . I gave her immediately 20 grains of quinine; and, one-half hour later, 10 grains more. Shortly after taking the last dose she lapsed into a somnolent state, from which she could not be aroused. After remaining in this comatose condition for several hours, she awoke and commenced to perspire profusely. She recovered without any further unpleasant symptom, and she had no other attack of the fever.

On July 15, last, I was called to see A. M., æt. 36, who had remittent fever. I found him with a temperature of $105\frac{1}{2}$ and pulse 100. I gave him 20 grains of quinine, which dose was repeated an hour later. The next morning his temperature was reduced to $102\frac{1}{2}^{\circ}$. He was very deaf, however, and complained considerable of tinnitus aurium. *Quinine was continued, about 24 grains *per diem*. The next day the temperature was almost 100° , pulse 80. Patient imagined music in the distance, and looking at the leaves of the vine on his window, he saw them develop a variety of pictures and faces. Although the quinine was discontinued, his condition became constantly worse. The sounds which he at first heard at a distance came nearer; everything in the room seemed to move in harmony with the imaginary sounds, and he became restless and excited. This condition of affairs continued till he became absolutely *non compos mentis*. Du-

ring the night he arose, and in deshabille visited his neighbors, causing quite a sensation. I was sent for in haste, and had some difficulty in getting him to bed. Patient had a normal temperature, and pulse of 80. After giving him a large dose of bromide of potassium and hydrate of chloral, he fell into a profound sleep. Several days elapsed before he became entirely rational again. These peculiar symptoms developing in an ordinary case of remittent fever, after the fever had almost entirely subsided, I do not hesitate to ascribe to the large doses of quinine which patient took, although I will admit that it is strange that it should produce such effects, and that the same should be continued for so long a time after its administration.

Respectfully yours,

7 S. Twenty-first St., St. Louis. H. H. VINKE, M. D.
—*Courier of Med.*

Administration of Quinine by the Rectum.

Dr. R. Peck states that quinine may be easily administered to children in the form of suppositories, and that the drug is not only rapidly and promptly absorbed in this way, but that also far larger doses may be given than per os. He made use of from 16 to 24 grains of the muriate of quinine at a single dose, adding about 30 grains of butter of cacao and a small quantity of simple cerate as mass for the suppository.—*Deutsche Med. Wochenschrift*, 1884.

Rheumatism.

Having been asked by letter from a brother physician in regard to the use of "Elixir of Salicylic Acid Comp." (prepared by W. R. Warner & Co., Phil.) in treatment of rheumatism, I wish to reply through your columns by reporting the following case occurring in my practice:

CASE, Feb. 8, 1884.—Called to see Mrs. R. W., aged about fifty, found her suffering from acute articular rheumatism of the upper and lower limbs, all the joints badly swollen and red and very painful, skin hot and dry and pulse 120 (did not take temperature), urine scanty and high colored, and depositing a red sediment; gave her elixir salicylic acid comp. in teaspoonful doses every four hours.

Feb. 9. Found the patient much better, entirely free from pain, but joints still swollen and tender; pulse 100, skin moist, urine more free and of muddy color, continued the elixir in one-half teaspoonful doses every four hours.

Feb. 10. Found patient entirely free from fever and pain, swelling all gone, urine free and light colored, pulse 70, complains of nothing except feeling very weak, gave quinine in two-grain doses every four hours. Patient rapidly convalesced, and in one week's time was feeling entirely well. This, of course, is an extreme case, but I think all will find it a valuable remedy for rheumatic difficulties.

C. V. ELLIOTT, M. D.

Mansfield, Pa.—*Medical Brief.*

Cocaine Ointment for Piles.

Dr. F. A. Burrall writes: "Please mention in your coca literature that the coca leaves treated with heated lard and an alkali, form an ointment resembling stramonium ointment, which seems to possess soothing properties. Applied to the tongue it leaves an impression similar to that produced by a solution of muriate of cocaine. This ointment, prepared at my request by a leading pharmacist of this city, has been used in three cases of hemorrhoids with the effect of alleviating pain. The muriate of cocaine will, I think, be found of service in such cases, and this alkaline ointment is also worthy of further trial as a local anodyne."—*Med. Record.*

Concealed Hemorrhage.

I was called at night, on the 11th of September, four miles into the country, to see Mrs. D. in her first confinement.

I noticed she was very delicate, and learned from her mother that she was only fifteen years of age, and had been in poor health during gestation.

I examined, and found the vortex presenting in first position. The second stage lasted four hours, and the suffering was intense. The child was large, and with all my care to support the perineum there was slight laceration.

After the birth of the child, I administered ergot and removed the placenta. I assured myself that the uterus was firmly con-

tracted, and left the mother, to visit a patient further out in the country, promising to call again on my return.

An hour later I visited the patient, and found her in a comatose condition, sighing deeply. I roused her, and she complained of being blind, and called for water. I asked her if she was flooding, and she assured me that no blood was escaping externally. By palpation, the womb could be felt contracting and dilating. Upon further examination, I found it full of clotted blood. I then knew I had a case of concealed hemorrhage, and realized the perilous situation. I succeeded in turning out the clots, and by administering ergot and applying cold secured and maintained a good contraction.

I have written this brief history for the purpose of warning young physicians against the hazardous practice of leaving their patients too soon after labor. I am sure that had I been twenty minutes later, I would have found the patient dead.

Brooklyn, Butler Co., Ky.

DR. THOS. DORAN.

—*Med. World.*

Trichinosis.

Dr. Krieder, of the State Board of Health, of Springfield, Ill., to-day received a small sample of trichinous pork from Dr. J. D. Whitney, of Petersburg. A family of three persons, infected with trichinosis from the eating of this meat, are under Dr. Whitney's care. One of the patients will undoubtedly die. It is estimated that a pound of meat like the sample sent would contain not less than 783,400 parasites.—*Exchange.*

A New Treatment for Neuralgia.

The latest agent introduced for the relief of neuralgia is a 1 per cent. solution of hyperosmic acid, administered by subcutaneous injection. It has been employed in Billroth's clinic in a few cases. One of the patients had been a martyr to sciatica for years, and had tried innumerable remedies, including the application of electricity no fewer than two hundred times, while for a whole year he had adopted vegetarianism. Billroth injected the above remedy between the tuber ischii and trochanter, and within a day or two the pain was greatly relieved, and eventually

quite disappeared. It would be rash to conclude too much from these results, in the face of the intractability of neuralgiæ to medication, but if it really prove to be as efficacious as considered, hyperosmic acid will be a therapeutic agent of no mean value.—*Halls' Journal of Health.*

Gonorrhœa—Potash Chlorate.

Dr. J. Milton, in the *N. Y. Med. Record*, states that he has had excellent results from the internal use of the following mixture in ordinary cases of gonorrhœa: Potash chlorate, two drachms; boiling water, four ounces. Mix, and shake till solution is accomplished; then add potass. acetat, two drachms; spirits of juniper, four drachms; camphor mixture, six ounces. M. S. Dose, a teaspoonful twice daily.—*Chic. Med. Times.*

Monobromide of Camphor.

Monobromide of camphor is one of our best remedies for spermatorrhœa. In therapeutic action it is allied to the bromides. Dr. H. C. Wood has given it with benefit in cases of convulsions, whooping-cough, hysteria and asthma. It may be given in doses of five or ten grains every three or four hours. It is not easy to obtain in "solution," and is best administered in the form of capsuled pills.—*Med. Bulletin.*

Rheumatism.

According to the report of practice at the Bellevue Hospital, it is stated that for controlling pain in fibrous tissue, belladonna, and stramonium ointments were far more serviceable than opium, and that in *acute articular rheumatism* the following was strongly recommended: Hydrate of chloral, 1 drachm; salicylic acid, $\frac{1}{2}$ drachm; stramonium ointment, 1 ounce. Mix.—*Druggist's Circular.*

Warts of the Genitals.


Dr. Cadell says that warts of the genitals treated with chromic acid in the proportions of 100 grains to one ounce of water, disappear with marvelous rapidity and with but little pain.—*Louisville Med. News.*

Obituary.

T. N. Waterbury, M. D., of Westerville, Neb., died of typhoid fever, September 21st, 1884. Dr. Waterbury was born January 24th, 1857, graduated in The American Medical College in 1883, and was in a fair way to earn a famous reputation when he was called away. He leaves an excellent wife and two children, besides hosts of friends to mourn his loss. He was highly respected by all the professors, as well as by his classmates while at college, and our community lost a valuable, worthy and much respected citizen when he died.

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ORIGINAL COMMUNICATIONS.

ART. XIII.—Eczema.—By PROF. E. YOUNKIN, M. D.

Eczema is a non-contagious vesicular inflammation of the skin. It is one of the most frequent, most obstinate, and certainly the most important of all the cutaneous affections. It presents by an eruption of vesicles, not prominent, but closely set together, and the vesicles exude—"boil out" a limpid fluid, which, if not re-absorbed, dries up, leaving flakes, scales and crusts.

Although, commonly, it appears in patches or is confined to a single district, yet it may present simultaneously or successively in different parts, or cover the greater part of the entire body.

Eczema has an affinity for those parts where the follicles are numerous, as the hairy scalp, the ears, more rarely the face, the roots of the nails, and backs of the hands. In children it particularly affects the hairy scalp, ears and eyelids; in the adult male, the inner parts of the thighs, scrotum and verge of the anus; and in women it is likely to develop on the nipples, vulva and rectum. The disease may be either acute or chronic, and it presents many phases, varying with the stage, character of the primitive lesion, degree of inflammatory action, individual peculiarities, complicating circumstances, etc.

An outbreak of eczema commences with a prodromal period of local heat, redness and slight swelling, and certain subjective

sensations which attract attention to the parts. From first appearances alone it will be hard to decide what form of cutaneous disease is impending, just as during the first day of active febrile movement we may be unable to predict the character of the disease that will be developed on the morrow.

Among children the process of teething and the quality of the food seem to be an assignable cause; in women, amenorrhœa and dysmenorrhœa frequently exert a notable influence; but in many cases we are unable to give any reasonable cause for the outbreak, and we are forced to conclude that eczema is evolved by some hidden alteration of the fluids and solids. There is strong presumptive evidence that eczema is caused from some disorder of the renal function. *Indican* is found to be present in the urine of eczematous patients, and it is supposed to be due to retardation of the products of function and secretion. Others have suggested that the disease may be due to a parasite, but the present state of our knowledge leaves the question of causation unsettled. Eczema may present in one of three different varieties: 1st—*Eczema Simplex*; 2d—*Eczema Rubrum*; and 3d—*Eczema Impetiginodes*.

1.—*Eczema Simplex* is a mild variety; the affected parts are covered with minute vesicles, with but slight change in the color of the skin. The active congestion may give place to a more passive form of indefinite duration characterized by slight redness, with an occasional moisture alternated with dryness, after which appears a fine desquamation. The congestion is usually attended with a moderate amount of heat and itching, and when scratched a small quantity of serous fluid escapes, which, when dried, leaves the cuticle detached in minute flakes or scales, and at this stage a new crop of vesicles appears.

Eczema Simplex may extend over the whole body, especially in children that are irritable, poorly fed, and have bad hygiene surroundings.

2.—*Eczema Rubrum* is very intense. As its name implies (red eczema), the heat, redness and tension are exaggerated, and may continue for many days or weeks. The vesicles are evolved and burst with great rapidity; the fluid that escapes irritates and excoriates the parts with which it comes in contact.

The skin stripped of its cuticle is beset with a multitude of pores, from whence exudes a reddish colored fluid, sometimes in such profusion as to soak the clothing, and after the torrent of serum the sub-epidermic layer may present scales of false membrane of a whitish color, which becoming detached falls off and another membrane takes its place. As the disease advances the parts lose their redness and tension, and either recover or pass into a more chronic form.

3.—*Eczema Impetiginodes* is a compound of two diseases—of eczema and impetigo. Each of these in its separate state has its own elementary character—a vesicle in eczema and a pustule in impetigo. In eczema impetiginodes we have both the vesicle and pustule, the vesicle, however, being the primary element and generally predominating. It often happens that we find a mixture of vesicle and pustule covering the greater part of the body, the vesicles becoming purulent, and the distress in proportion to the stage, as to whether acute or chronic.

Thus it must be remembered that the three acute forms now described may present shades of extreme variety, and when extended over a large amount of surface the disease is accompanied with disturbed action of a general nature—the pulse frequent, thirst, anorexia and disturbed sleep. The most common complications are inflammations and indurations of the lymphatic glands in the vicinity of the affection of the skin, and among children disorders of the digestive organs.

Any of the above forms may pass from their acute stage to the chronic forms, in which the skin becomes dried, cracked and fissured, or the exudation may form large scabs. The crusts often cover the entire surface of the parts affected, and form the familiar picture known as *crusta lacta*, milk scurf, *porrigo larvalis*, *melitagra flavescens* or *nigrescens*.

A common nomenclature of eczema is that according to the location of the disease, as,

1.—*Eczema of the Scalp*.—This form is frequently found among children at the breast, and is often classed with the *tineas* and *porrigos*. It is found in all stages, from the simple roughening of the skin to the *rubrum*, *madidum* and *squamosum*. The impetiginous variety, however, is the most common. The

crusts often cover the entire scalp like a cap, and may even involve the cheeks, ears and nose, forehead, and in fact the entire face. The lymphatics of the nucha and parotid regions swell and grow painful; an immense quantity of pediculi usually collect beneath the incrustation; the bulbs of the hair may cease their function, and the scalp assumes a furfuraceous appearance.

2.—*Eczema of the Face and Ears.*—Here the diseased surfaces, covered with a cuticle of extreme tenuity, continue long to show an erythematous blush, but finally the furfuraceous appearance presents. The margins of the eyes, mouth and nose are parts not unfrequently affected with a troublesome eczematous exudation. The ears become red and swollen, and the disease extending to the meatus auditorus exudes an irritating ichor, which incrusts and forms purpura.

3.—*Eczema of the Nipples.*—This form is sometimes observed in the chronic form in young girls and grown women who have never given suck to children. A reddish or yellow incrustation forms. Dry one day, and moist the next. The disease is attended with itching and burning.

4.—*Eczema of the Navel, Prepuce, Scrotum, Verge of the Anus, Inside of the Thighs, Backs of the Hands, Points of the Elbows and Axillæ* are frequently to be seen, all of which present the same general symptoms as heretofore described.

5.—*The Eczematous Ulcer.*—Our subject would be incomplete were we not to call attention to the eczematous ulcer often found in elderly people, on the legs, possessing the eczematous exudation. Virtually, it is an ulcer, associated with vesicles, which ruptures and exudes the characteristic fluid, then dries and leaves scales and incrustations. It is a condition often found with corpulency, and is associated with œdema and a varicose state of the veins, and which will resist all other curative measures, except those specially designed for the eczematous eruption.

We are aware that a disease presenting so many shades in its symptoms is exceedingly difficult of correct diagnosis, but the following method will, in a general way, aid the diagnostician: The disease is vesicular; it must then be either *herpes* or *eczema*. Your first thought will be *eczema*; for *eczema* is much the more common of the two. *Herpes* and *eczema* occur in the ratio of

one to twenty or thirty. Herpes arranges its vesicles in a circle; eczema covers the whole patch: now add the differential characteristics, and there is no trouble in the diagnosis.

Treatment.—A successful management of eczematous lesions requires an exact appreciation of the conditions present, a knowledge of the means by which they may be remedied, and a proper application of these means. There must be a judicious combination of the internal and external treatment, with additional hygienic attention. The internal treatment is the most intricate; and the local treatment stands midway between the internal and hygienic, as regards importance and simplicity.

In calling to mind the influence of teething, amenorrhœa and dysmenorrhœa, we are naturally led to the indications of cure in such cases. Some get well under the influence of a properly regulated regimen, rest and time. Others require remedies of greater potency.

The physician will, of course, seek to correct any constitutional derangement that may be present, and these conditions must necessarily suggest the remedy. It is the patient, with all his functions and organic derangements, that demands consideration. What is present in one case is not exactly duplicated in another; hence, every case must be individualized. The diet should be regulated, and the bowels not allowed to become constipated. Vegetable tonics and alteratives may be required. *Rumex crisp.*, *stillingia*, iodide of lime, iodide of potassium, give good results, if persisted in. Arsenic iodide, or Fowler's solution, are good remedies, when judiciously used.

There is one object in internal treatment to which I must allude, viz: *An attempt to the reduction of the infiltration by stimulating the absorptive function of the sanguineous and lymphatic capillaries.* The pathological condition consists in a superabundance of small white cells. Whether these are exudative leucocytes, or proliferative connective cells, is a question yet unsettled. The present problem is to get rid of the overflow; and, to do this, we propose to stimulate the absorbents. No agents are better adapted to this end than hydrastia, podophylin, and iris. We prefer to use these in small quantities: the first in trituration of one-tenth grain; the second in

dynamometric granules of one centigram; and the third may be used, in tincture of the fresh root, ten drops to three ounces of water. Dose, a teaspoonful three times a day. The above agents may be repeated every three hours in bad cases.

The roll of local treatment is somewhat extensive, but may be limited to a few of the best remedies. In a few cases local treatment alone will succeed, but will not prevent a relapse. The first indications are to reduce the congestion and relieve the itching. These may be accomplished by a mixture of: *R.* Chloral hydrate, gum camphor, $\bar{a}\bar{a}$ grs. *xx*; adeps simplex, $\bar{z}\bar{j}$. Mix, and apply to the parts affected.

The accumulation of secretion and crusts requires poulticing and vaseline to remove them. Ablutions prove irritating in many cases. It is necessary to use, instead of water, a fluid whose specific gravity is equal to that of the blood. A mixture of rose water, glycerine and a little chloride of sodium will be found to answer this purpose. The crusts being removed, the most effectively curative application is: *R.* Ol. cadini, $\bar{z}\bar{i}\bar{j}$.; ol. olivæ pure, $\bar{z}\bar{j}\bar{s}\bar{s}$. *M. S.* Anoint the parts thoroughly twice a day. The ol. cadini should be genuine, which is seldom the case, and druggists often confound it with *ol. picis*, an article much inferior to the cade in the treatment of eczemas. Pine tar (*ol. picis*), birch tar (*ol. vetula alba*), and corn tar (*ol. de maiz quarto*), all belong to the same category, and the one is liable to be substituted for the other.

The next in importance is a colorless iodine mixture: *R.* Tinct. iodine, $\bar{z}\bar{s}\bar{s}$.; sulphite sodæ, $\bar{z}\bar{i}\bar{j}$; glycerine, $\bar{z}\bar{i}\bar{j}\bar{s}\bar{s}$. *M. S.* Apply to the parts twice a day.

The *oleate of lead* is highly prized in eczema. It has a combined sedative and astringent action, and will arrest morbid discharges, protect the surface, and allay irritation. In the variety of eczemas found in the flexures, in the axillæ and inside of the thighs it is very effectual, often restoring the parts to healthy action. A small quantity of the oil of cade, combined with the oleate of lead, improves its action. As a substitute for the above, the following may be used: *R.* Acetate of lead, grs. *xxx*.; acetic acid dilute, $\bar{z}\bar{i}\bar{j}$.; glycerine, $\bar{z}\bar{i}\bar{j}$; rose water, q. s., $\bar{z}\bar{v}\bar{j}$. *M.* The parts to be cleansed, and the above applied.

The next is the *oleate* of zinc. This is a fine pearl-colored powder, with a soft, soapy feel, and is an excellent agent for dusting over irritated surfaces. It is a valuable remedy in vesicular eczemas, and eczema rubrum. In eczema of the genitals it is excellent. When dusted over a part of it clings to the skin, and does not fall off like ordinary dusting powder. An ointment may be made, when required to be used in that form.

The *oleate* of bismuth is another remedy of value in some cases. It will relieve the engorgement of the parts, and often about the pustules. It may be penciled over the surface with a camel's hair brush. It soothes the tingling and itching, and brings comfort to the patient.

In fissured eczema, where the disease has become chronic, especially upon the palms of the hands and soles of the feet, the following will be found useful: *R.* Oleate mercury, \mathfrak{zss} .; ol. cadini, \mathfrak{zij} .; oleum olivæ, \mathfrak{zij} . *M. S.* Rub well into the parts night and morning.

In infantile eczema, where crusts form upon the parts, especially upon the hairy scalp, I prefer to abandon the use of the preparation of lead and mercury. The cade, with olive oil, will cure the case.

In eczema of the anus, nipple and umbilicus: *R.* Bismuthi oleatis, \mathfrak{ziii} .; ext. belladonna, grs. xv.; hydrarg. bichlor., gr. j.; cerati simplex, \mathfrak{zj} . *M. S.* Apply at bed-time. Compresses wet with weak solution of potassa; or olive oil and lime water; or glycerine and rose water; or bichloride of mercury, one grain to the ounce of rose water, are also recommended.

Intractable cases of chronic eczema may require more heroic treatment: Caustic potash, one drachm, to water, three drachms; a bunch of absorbent cotton, with which the solution may be rapidly passed over the eruption; after which the parts should be covered with cold water compresses; or, if necessary, the effects may be neutralized by vinegar and water. Cantharidal collodion may be used in the same way; or croton oil can be applied. A single application of either of these irritants is often sufficient to change an indolent patch of eczema into an active one, after which it only requires the treatment appropriate to the acute form of eczema.

The hypodermic injection of the arseniate of sodium has been practiced recently. A one-fifth per cent. solution, or one-half of one per cent. solution of the drug, is injected into the eczematous patch; from five to ten minims of the solution is used at a time, and may be repeated at intervals of two or three days.

Chronic eczemas usually require constitutional treatment to precede the local measures, to avoid the dangers of recession. The eczematous ulcer of the leg is best treated by saturating gauze muslin with cade oil, and applying from two to six layers of the gauze, overlaying this with absorbent cotton, and, over all, the application of a rubber roller bandage. A daily dressing will soon accomplish a cure.

In conclusion, I desire to call attention to the fact that many diseased conditions of the eyes are due to eczema; not only ophthalmic tarsi, but granular lids, a peculiar swelling of the sub-integumental connective tissue of the lids, lippitudo, catarhal ophthalmia, keratitis, and even ulcers on the cornea, are merely varieties of eczematous disease. Eczema of the conjunctiva presents many important features. The so-called strumous ophthalmia may be regarded as a chronic eczema. If treated as eczema, many of these cases soon recover. Eczema is often limited to sites as small as the cornea. The treatment should be directed to eczema. Its chief features are non-stimulating diet, with tincture of phytolaca and the syrup iodide of iron internally. Locally, a wash of acetum plumbi, or a few grains of iodoform rubbed up very fine and mixed with a few drops of castor oil, dropped into the lids and rubbed upon the margins. If the lids are affected, as also in pannus, lippitudo and granular lids, a little of the eczematous ointments may be used with advantage.

Carbuncle.

Tannin is claimed to be a specific for carbuncle. The dry powder should be sprinkled on as long as it will dissolve. Every day the carbuncle should be washed and re-sprinkled with tannin. It is said that under this treatment the carbuncle soon heals, and without much pain.—*Med. World.*

**ART. XIV.—Uterine Examinations.—By S. S. STAUFER, M. D.,
PHILA., PA.**

[CONTINUED ON PAGE 104.]

What are these examinations for and their results?

These questions may appear strange, but if we follow the main track for forty years, leaving even the sidings unnoticed, the strangeness will be considerably reduced.

For the commencement of the above period, outside of Meig's and Hodge's practice, almost any female who had been examined was found to have ulceration of the cervix, os, or both. The mode of treatment was to cauterize them with nitrate of silver or other caustics. These ulcers or abrasions we have still, and the mode of treatment, with rare exceptions, has not materially changed.

Before the caustic custom prevailed even one decade, the examinations failed to find so much ulceration. But the touch, shaded or dark view of the field before the speculum in common revealed inflammation of the womb or cervix only. Whether the diseases changed or the physicians, the text-books fail to tell us.

To overcome these inflammations locally, the adherents were again divided in sentiment and practice. One theory prevailed, that if the cervix or uterus, as far as could be seen, was rubbed over with lunar caustic until white, from which the junction of vagina also obtains a due portion, the inflammation would subside. This was and is still profitable among the paying class, as it keeps, if repeated every week or two, the parts continually sore. When disease or other circumstances interrupt the application and the cervix heals, it is found cicatrized, so that for many months the os does no more appear clear to view and natural in shape.

Another way of subduing this inflammation was leeching by aid of the glass speculum. This had in itself an objectionable feature. The leecher had to be an experienced man or woman, who charged well for it, and in consequence the number of patients were found less numerous. There has been, however, not

NOTE.—In last article, p. 103, fourth line from bottom, *reason* should

much ingenuity required to overcome this expensive leeching, drawing blood by scarification being invented instead.

Thousands of graduates were so fired up by the scarification theory, that they made it their chief corner stone to build upon a lucrative practice. But many have found that this theory and the sight of blood have no particular attraction for the patients, and in addition that scarification is a comparatively inefficient element in this line of treatment.

Medical science scarcely stands still, but rolls on whether on a correct or incorrect road. Uterine inflammation has been rather a common expression for the leaders in the profession. They assumed technical terms, such as metritis, endo-metritis, endo-cervicitis, and such like. If room in my "Bird's Eye View" of gynecology, I will show the discrepancies even in the text-books of these expressions.

Another step and we come to laceration of the perineum. This cannot be known by the touch, nor seen by the ordinary speculum, or naked eye, unless extending externally. Observation does plainly show that the repairing adds to comfort, yet but little to the restoration of health, unless a true mechanical support is added. There are many women who carry lacerated perineums, and suffer much less than many whose perineum had been mended.

Only one more step and we come to laceration of the cervix. It is common, especially in large cities, that physicians recommend these patients to women surgeons. If all goes well, the family physician will receive praise, but if no benefit results he is liable to lose the family, their influence and connections.

The same as in the laceration of the perineum, there is a certain and a visible laceration of the cervix. But, said another, "often so slight or high up that the general practitioner cannot see it, but only the surgeon." If health is not restored, which is often the case, unless the uterus, in addition, after being healed, is held in "health line," the recommending physician's reputation may likewise suffer. In case of entire failure, the question is frequently asked of the family physician if he saw the "laceration," or if he delivered or recommended the patient only on the confidence he had in the surgeon, without his personal supervision.

Although that the uterine examining instruments devised in forty years are so numerous that a journalist lately said that the speculums were legion, the confusion does not appear as great as in some of the therapeutical departments in medicine. The result has, however, not been very gratifying to patients and their families, and I should think not to physicians.

At the farther end of the forty years, most all the physicians attributed the common ailments of women to ulceration and inflammation of the cervix uteri. Some still hold on to these and intermediate theories, whereas the cervix mending is still confined to a comparatively few operators.

The result of these examinations, with corresponding treatment, needs no explanation here, as these physicians need only to survey the families in their practice, even their own kindred, and sometimes even their own families to find abundant uncorrected misery.

As evidence that these cases can be satisfactorily corrected, I have clipped short sentences from physicians' letters comprising eight blocks. The instruments paid in every instance; no underground inducements whatever to manufacture references. A copy, always, of the latest block was sent with every circular catalogue already for ten years.

A physician who resided a short distance from a western city purchased a case of speculums in 1882. He praised them very highly. I tried to persuade him, as I have done many readers of this journal, to add the support to the local treatment. He did not respond until he moved into the city last year, when he found the misery from displacement beyond his expectation. He described his cases well and numbered them. He moved very cautiously, described but one case at a time, with the exception of two in one instance. He has now reached No. 10.

Several months later another physician started in a small western town. Described his cases well, asked for advice and already reached his eighth case.

Another in the same state commenced still later, but evidently with no less caution and determination. During my writing this page I received his fourth description, and he intimates that with the apparent success he "can easily" hold the fort in this line of treatment in that locality.

These few, present time, instances plainly show the condition of many women in most all localities where the simplified and reform treatment has not been adopted.

They demonstrate the defect in medical colleges, which withhold or depress the knowledge that there is a mode of treatment by which a large portion of sufferers may be restored to comfort if not to complete satisfaction, on whom surgical operations are said to be the only means of relief.

They also represent the inconsistency of recent graduates to attempt to establish themselves in their own or strange localities on consumptives, kidney diseases, etc., where life hangs on but a single thread as it were; or obstetrics, when a single blunder of inexperience may blast the entire confidence in the community for years, instead of restoring rights, privileges, peace, health, and comfort to the family circle.

ABSTRACTS.

Fissure of the Anus.

At the posterior commissure of the anus, by the side of a pile tumor, a fissure forms, and the defect renders the sufferer utterly miserable.

The difficulty is encountered in middle life, and in both sexes. Possibly it comes from constitutional syphilis and eczema. Constipation favors a localization of the systemic taint. The greatest distress is experienced when an effort is made to evacuate the bowels. As soon as the anal sphincter is pressed upon and forced to dilate, the elongated, irritable and indurated ulcer causes a reflex action, which takes away the ability to strain, and sends a sickening sensation through the entire body. The patient may have no rational idea of what the disease should be called. He may think he has piles, and be treated for hemorrhoids, and yet no benefit will be obtained. If a surgeon be consulted he will place the patient on the abdomen, and expose the anus in a good light. He will then part the nates with his hands, and ask the afflicted individual to strain as if to expel flatus. The pressure will protrude the anus to the extent that

the lower end of the fissure can be seen. The other extremity of the morbid furrow reaches to a point just within the sphincter. It appears like a raw sulcus, with hard borders. A small quantity of blood and pus may be seen, though the fissure is often dry, or free from purulency. A thorough exploration of the difficulty can not be executed unless the patient be under the influence of an anæsthetic. The application of a solution of coca might deaden sensation, to the extent that the anus might be turned outward or manipulated without pain. But, as I am about to advise a course of treatment that does away with a surgical operation, an anæsthetic need not be mentioned.

Indeed, a painful exploration need not be executed. As soon as it be ascertained that anal fissure exists, the topical use of salicylic acid and vaseline is to be commended, thirty grains of the salt to an ounce of the unguent. This is to be pressed into the depths of the anus once a day, and after an alvine discharge.

The agent—salicylic acid—produces little pain, but utterly destroys the hard ridges that flank the fissure, and obliterates the pile tumor at whose base the sensitive crack is located. In a word, the supersensitiveness will soon subside, and all the accompanying aches in hips and back. However, to effect a cure *tute et jucunde* the internal use of arsenic should be prescribed. Fowler's solution in drop doses, repeated every four hours, is next to necessary in accomplishing the happiest results.

Women suffering from anal fissure will divert attention from the location of the disease, and demand remedies for urinary and uterine difficulties. In times past it was customary to cauterize the os tincæ, under the theory that ulcer of the cervix existed. It may be remarked *en passant* that dyspareunia and vaginismus are occasional sequences of fissure of the anus. A practitioner of medicine has to be wary in the diagnosis of morbid phenomena of a reflex character.

Formerly, I excised fissure ani with curved scissors; and the difficulty of executing the operation well has rendered me all the more pleased with a method that requires no cutting. My experience with salicylic acid in the treatment of malignant ulceration led me to try the agent in fissure of the anus.—Howe, in the *E. M. Journal*.

Gen. Grant—Condition of the Distinguished Patient—His Case as Described by Medical Journals.

During the past week the local disease of Gen. Grant has shown no marked tendency toward progressive ulceration. At the recent weekly consultation Dr. Fordyce Barker was unavoidably absent. Drs. J. H. Douglas, Henry B. Sands and Geo. F. Shrady, who were present, made a thorough examination of the General's throat, with a view of discussing the expediency of a radical surgical operation for the removal of the growth. Such measure would involve a division of the lower jaw on the median line, extirpation of the entire tongue and greater part of the soft palate, together with removal of the ulcerated and infiltrated fauces and indurated glandular strictures under the right angle of the lower jaw. This was considered mechanically possible, despite the close proximity and probable involvement of tissues adjoining large arteries and veins in the neighborhood of ulceration; but in the best interests of the distinguished patient, the surgeons did not feel inclined to recommend this procedure. Even by such means there could be no guarantee, in view of the extensive surrounding infiltration, that the limits of the disease could be reached without immediate risk to life by a severe shock to the constitution, already much enfeebled. Low vital power is such a strong element in the decision that, for the present at least, no operation will be undertaken. Ulceration on the side of the tongue has not progressed far enough to produce the usual intolerable pain associated with that condition, but, should that symptom appear, it may be deemed advisable to divide the gustatory nerve. The general tone of the patient's system remains about the same as at last report, notwithstanding he has suffered much from insomnia. The latter in the last day or two has been kept under control by a suitable anodyne. There is no pain in swallowing, and sufficient food is taken with reasonable relish.—*Medical Record*, Mar. 21.

Lingual epitheliomex, as a rule, rapidly progresses toward a fatal termination. When left to itself, the life of the patient, from the first appearance of the disease, varies, in accordance with the estimates of different observers, from 10.5 to 13 months, the average being 11.7 months: Death ensues: 1. From gen-

eralization of the disease. 2. From septic pneumonia, from inhalation of putrid emanations, which result from decomposition of the products of the ulcerated surface. 3. From starvation, through pressure of infected lymphathalic glands and surrounding parts upon the œsophagus, thereby interfering with deglutition. And, lastly, from hemorrhage, proceeding from ulcerated lingual arteries or vessels in the neck. The duration of life of those who survive an operation averages nineteen months. Not only does operative interference prolong life and relieve suffering, but it effects a final cure in 14 per cent. of all cases. In attaining these results it must, however, be remembered that incision of the tongue is attended with mortality in 23 per cent., the principal dangers being the shock, hemorrhage, œdema of glottis, septic lung affections, pyemia and erysipelas, some of which risks can be avoided by taking careful precautions during the operation, and by adopting antiseptic measures during and after the procedure. When, in addition to disease of the tongue itself, the palate and tonsil are involved, prognosis is far more grave, whether the disease be permitted to pursue its unaided course or whether it be subjected to the knife. In the latter event, not only will the tongue have to be extirpated, but the disease of the palate and tonsil will have to be reached. So far as we can learn, there is no example of the performance of the double operation on record, and it is, in our opinion, not justifiable.—*Phila. Med. News*, Mar. 21.

The External Use of Chloroform in Labor.

Dr. Svanberg's method of the external use of chloroform in labor is simple: A piece of flannel, saturated with a solution of chloroform and sweet oil, equal parts, is applied to the skin, between the umbilicus and symphysis. Light strokes over the cloth secure even distribution of the solution, and exact approximation of the fabric. The application may be renewed according to necessity. Dr. Svanberg has observed that usually in from five to ten minutes the chloroform has performed its function.

The indications for the external use of chloroform in labor include a variety of conditions. In general terms it may be

said that the local application is designed to supersede the inhalation of chloroform.

Dr. Svanberg has successfully employed this method in cases of retained placenta with *tetanus uteri*, transverse presentations, with rigidly contracted uterus and escape of the *liquor amnii*, and breech presentations with rigidity of the internal os. In certain of these cases the inhalation of chloroform was not sufficient to relax the uterine contractions.

It is not unfitting, in this connection, to hear Dr. Svanberg's individual testimony as to the efficiency of the method: "Since that day (December, 1887) I have never used chloroform by inhalation for rigid contractions of the uterus."—*Chicago Med. Jour. and Ex.*

How to Cure a Felon.—BY C. C. GRATIOT, M. D.

One day in July, 1883, after returning from a call in the country, I found a gentleman waiting in my office to consult me about a felon that was giving him great pain, upon the index finger of the left hand. While waiting for me he had picked up one of my medical journals, and read an article entitled "How to Cure a Felon." My patient asked me to try it on him. I advised him to let me make a free incision down to the bone, believing it the only course to pursue that amounted to anything in the treatment of paronychia. As he was a little timid, and insisted on my trying the other plan, I consented. The mode of treatment is this, and I quote the writer's own words: "Take common salt, roasted on a hot stove until all the chlorine gas is thrown off, or it is as dry as you can make it. Take a teaspoonful, and also a teaspoonful of pulverized Castile soap, add a teaspoonful of Venice turpentine, mix them well into a poultice and apply on the felon. If you have ten felons at once, make as many poultices. Renew this poultice twice a day. In four or five days your felon will, if not opened before your poultice is first put on, present a hole down to the bone, where the pent-up matter was before your poultice brought it out. If the felon has been cut open or opened itself, or is about to take off the finger to the first joint, no matter, put on your poultice; it will stop right there, and in time your finger will

get well, even if one of the first bones is gone. Of course it will not restore the lost bone, but it will get well soon."

So far as my faith went in the treatment of a felon in that way, I never would have tried it. My patient came back to me in four days, with pain and throbbing all gone, and with no tenderness or swelling. Upon removing the poultice, there was a round hole down to the bone, discharging a bloody, thick pus, such as I have sometimes seen come from acute ulcers. He stated that after the first application of the poultice, about eight hours after he left my office, he suffered no more pain; in three days more he was almost entirely well. This induced me to determine to try it on other felons that I might be called upon to treat; and from July until the middle of October a great many felons occurred among the farmers, caused by the frequent handling of pitchforks in making hay, and in stacking and threshing grain. Suffice it to say I tried it on seven cases of felon, and it never once failed me. It is simple in preparation, and the soap and salt are always at hand, which with a few cents' worth of Venice turpentine will make many poultices. The cases in which I used it got well more rapidly and suffered less pain, and the finger regained its normal condition more quickly, than after incision or any mode of treatment I had ever previously adopted.—*Coll. and Clin. Record.*

Traumatic Tetanus Treated by Eserine and Local Warmth and Moisture.

Dr. G. H. Brandt reports, in the *Practitioner*, Oct., 1884, a case of tetanus, which, after exposure to cold, followed a slight cut of the thumb in a young man of rather delicate constitution. The wound was dressed with carbolized oil, and healed perfectly well, but ten days later the patient contracted a severe cold, accompanied by general stiffening of the muscles of the legs, back, chest, throat and masseters, with great restlessness and insomnia. Bromide of potassium and chloral were given in fifteen-grain doses during the day, and morphine subcutaneously at night, but did not prevent the onset of convulsions, which became more and more frequent and violent. Eserine was then injected subcutaneously every hour, first in doses of $\frac{1}{16}$, and then of

$\frac{1}{160}$ grain, accompanied by an ice-bag to the spine, but produced no apparent relief of the symptoms, and morphia was still required to procure rest at night. The thumb was then kept covered with warm, moist cloths, and the use of eserine internally persisted in for three days, in $\frac{1}{160}$ grain doses, at first every hour, and then at longer intervals, continuing the use of the ice-bag and morphia at night. At the end of the third day, improvement was well marked; there was less rigidity, less sweating, and better nights. At no time was his power of deglutition seriously disturbed. The calabar bean was then stopped, and potassium bromide again given three times daily, with morphia at night. Three weeks later, convalescence was complete, with the exception of slight stiffness and pain in the groin and lumbar region. Chloroform was also employed to shorten the convulsions.—*Therapeutic Gazette.*

Calomel in the Treatment of Otorrhœa.

Dr. J. Gottstein, in the *Archives of Otology*, Sept. to Dec., 1884, strongly recommends the use of calomel in the treatment of otorrhœa. He says: During the past year I have used the calomel by way of trial in a number of cases that seemed suitable, especially such as could be submitted to daily observation.

I have satisfied myself (1) that the remedy is absolutely free from irritation to the mucous membrane of the middle ear; (2) that it forms neither upon nor in the mucous membrane any precipitate difficult of removal; (3) that surprising results are often obtained under its use.

Accordingly, since the beginning of the present year, I have in my private practice, as well as in my polyclinic, employed calomel in the treatment of all cases of otorrhœa in which, following Bezold's direction, I had previously made use of boric acid, alone or as a supplementary means. I withheld the calomel only from such patients as, coming from a distance, I had an opportunity to see but once.

My observations now exceed eighty in number, so that I feel justified in communicating the results of my experience with this method.

My method of procedure is as follows: The ear is in the usual

way syringed carefully with a weak sublimate solution (one-tenth per cent.); the residue of the secretion is forced into the external meatus by the employment of Politzer's method, and then removed by syringing, and finally the ear is well dried with cotton.

The calomel (vapore parat.) is then blown in through a powder blower, and the auditory canal closed as well as possible by means of cotton. The further treatment is the same as with the boric acid. That on which I lay the most stress is, that calomel, in my opinion, has a much more decided and certain antiseptic action than the boric acid.

I am anxious to avoid the error into which those writers fall who overestimate the value of the remedies recommended by them. Calomel also fails in some of the cases in which powerful antiseptic action is desired, because considerable tissue-alterations in the drum cavity are absent. Yet I have, with no method of treatment, not even with the boric acid, attained such speedy results as I have with this remedy in acute as well as in chronic forms of otorrhœa.

The calomel is also suitable, as is the boric acid, for employment after operations in the middle ear, cauterization with nitrate of silver, the use of the galvano-cautery, and in conjunction with the alcohol treatment. In these cases, the powerful antiseptic action of the remedy is conspicuous.—*Med. News.*

Aphasia and Aphemia.

The above closely allied affections are well characterized and their difference markedly brought out in the following descriptive notes (*London Lancet*, 1884):

Aphasia.—A woman, aged fifty-two, on November 20, being previously in good health, was found at 8 A. M. sitting on the side of her bed, unable to speak or to move her right arm or leg. For five days she did not seem to understand anything, though there was apparently no actual loss of consciousness. The patient was admitted to the London Hospital on December 12th, when her condition was as follows: She is intelligent, and seems much distressed at her present condition. She has complete motor paralysis in the right arm and leg; the sensation in

them is increased. There is no facial paralysis. Patient can open her mouth, but cannot protrude her tongue when told, though she makes great efforts to do so. She cannot say "yes" or "no" in answer to any question, nor does she even shake or nod her head. She is, however, constantly saying either "Oh! dear me!" (an expression she habitually used at home), or "Pretty Kitty!" (an expression never heard at home), though she does not say either one or the other when told to do so. Her articulation and vocalization, though confined to these four words, are perfect. The patient will not make the least attempt at writing (with her left hand), nor does she ever read. If several numbers are written down she points to the one representing her age. There is no history of syphilis. The heart, arteries and lungs appear normal. She has control over the sphincters. She has some small varicose veins in the leg. A fortnight after her admission, the patient said on one occasion to her nurse, "Make it," referring to her bed, and now occasionally shakes her head in negation. Her condition is otherwise unchanged, though she makes great efforts to speak. In this case there is no loss of articulation (aphemia), no loss of voice (aphonia), no mere loss of memory (amnesia), but there is complete loss of intelligent speech, spoken or written (aphasia).

Aphemia.—The patient is a man, aged twenty-two. On December 12th, at 8:30 A. M., he was suddenly seized with loss of speech, and admitted to the hospital the same day. He did not lose consciousness. He had right facial paralysis, principally of the lower half of the face. He can protrude the tongue readily, which is deflected to the paralyzed side. He has slight paresis of the right forearm and leg. In answer to every question he can give only a sort of husky grunt. He cannot utter a single word. He had been hoarse for a fortnight before the attack, but the voice is now much improved by the application of the interrupted current to the vocal cords. The patient is very intelligent, and nods or shakes his head, or writes his answers correctly by pantomime on his hand, with one finger, or with paper and pencil.

No specific history can be obtained. The head and arteries are normal. In this case the patient was at first aphonic, but

has now recovered his voice. He is not aphasic, for though he cannot articulate, he can speak intelligently (if one may use the expression) in writing. He has, however, totally lost the power of articulation, though there is no paralysis of these muscles, and no difficulty of deglutition, and is, therefore, aphemic. After three weeks his condition remained unchanged.

Menorrhagia and Metrorrhagia.—By A. J. HOWE, M. D., CINC.

Although menorrhagia signifies excessive menstrual flow, and metrorrhagia indicates any hemorrhage from the womb which is not menstrual, it will be well to consider the former first, and the latter in connection with the morbid state on which the loss of blood depends. Often it happens that a distinction can not be clearly made between an excessive menstrual discharge and a hemorrhage provoked by uterine myomata. In fact, the profuse flows attendant upon morbid hypertrophy of the uterus generally occur at catamenial periods; hence, menorrhagia and metrorrhagia exist in the same patient. Then, again, an enlarged womb, the result of defective involution, is likely to bleed from time to time, and the hemorrhages usually come on at the menstrual epoch; therefore the vascular waste can not be considered either menorrhagic or metrorrhagic.

Distinctive menorrhagia is a depleting menstrual discharge. The waste robs the victim of strength, and establishes dangerous states of anæmia. Besides the excessive flow at each return of the bleedings, the hemorrhages occur too often, whether ovulation be coincident or not. It is not uncommon to hear that a young woman has her "turns" every three weeks, and that the period lasts five or six days. Indeed, instances are not wanting in which one catamenial flow lasts until another begins; so that the victim of menorrhagia is never released from the use of a napkin. An excessive menstrual waste does not always depend upon an enlarged womb, for the virgin uterus is occasionally addicted to devitalizing hemorrhages at each menstrual nixus. It has been stated in another place, that chlorosis is often the cause of menorrhagia, and so it is, and just as frequently a menorrhagia produces the anæmia on which a chlorotic state depends. Every recurring hemorrhage thins the blood and ren-

ders easy a succeeding flow. In exceptional cases there seems to be a hemorrhagic diathesis—a condition of scorbutus or hæmophilia—the blood pouring from the uterus upon the slightest provocation.

It will be seen, from what has been said upon menorrhagia, that ovulation is not always consonant with catamenial discharges; in other words, a woman may have two or three uterine hemorrhages to one ovulation, though by her sensations she may not distinguish one state from the other. Inasmuch as a hemorrhage is generally preceded by congestion, the sense of fullness may be taken for that attendant upon ovulation.

The metrorrhagia that some lank girls experience every two weeks is not necessarily, or even probably, menstrual, but they suffer from hemorrhages which may be compared to epistaxis—flows of blood coming from congested mucous membranes. It is not often that a young woman has menorrhagia or metrorrhagia through general plethora—the difficulty oftener comes from anæmia and a lack of coagulability in the blood.

The commonest causes of metrorrhagia are, *sub-involution* following abortion, and the presence of *tumors*—polypi, for example. There seems to be a prevailing notion that a miscarriage at two months can do little harm; but the womb at that time has enlarged to such a limited degree that the comparatively dense structure refuses to enter actively upon *involution*. The consequence is that the weight of the partially enlarged organ remains too great, and the abnormal lengthening favors retro-flexion. The womb is deep and broad in its cavities, hence its congested lining readily pours out blood. The history of women who have aborted at the second month, or thereabout, is that annoying hemorrhages attend every menstrual act. And this is not all—an open and expanded uterus is likely to have its mucous membrane degenerate into vascular vegetations which are troublesome, besides being hemorrhagic. Sometimes the vascular excrescences have to be removed with a curette to get rid of the metrorrhagia.

Polypus of the womb is almost always attended with profuse and prolonged hemorrhages, and the presence of a uterine fibroid is suspected from an untimely hemorrhage. The healthy

womb does not bleed except physiologically, hence a flow out of season is calculated to arouse the suspicion of trouble of some kind.

The retained products of conception—an impacted chorion or a small placenta—are frequently the cause of repeated hemorrhages. A woman who miscarries at the sixth or seventh week of pregnancy may barely feel an inconvenience at the time, but a retention of the tufted chorion will provoke hemorrhages until it has been expelled or removed. The foreign body gets snugly packed in a horn of the womb, and is so intimately associated with the living endo-metrium that it does not decompose; but, if not dislodged, it is sure to provoke exhausting hemorrhages. At length it moves from its snug quarters, and passes off with a coagulum. Then it is that the recurring hemorrhages cease, and a fresh ovulation induces only a normal catamenial flow.

A hemorrhagic condition, besides being perilous, renders the patient sterile for the time being, and may prevent another conception. The uterus is so long kept from returning to its ordinary size that it may continue in a state of sub-involution. Undue size and weight of the womb favor retroversion or retroflexion, as has already been stated.

A common cause of uterine hemorrhage is *placenta prævia*, the developing foetus causing detachment of one or more of the placental catyledons. The hemorrhagic state may be well understood, but it is not readily avoided or controlled. The tampon may arrest a "flooding," but a miscarriage is in danger of occurring. If the latter condition cannot be avoided, it is best to use the uterine sound and provoke parturient throes at once. It has often turned out that attempts to prolong the conception to maturity have resulted in disaster.

It is not uncommon for a pregnant woman to be prostrated by uterine hemorrhage. Neither she nor her physician can tell what provoked the untimely waste, but the gravity of the situation must be met, and the responsibility assumed. The patient must take the recumbent position, and be made comfortable. If pain exist, it should be subdued with chloral or other anodynes. At the end of a week a moderate degree of exercise may be ventured upon. If a recurring hemorrhage take place,

a more prolonged season of rest is to be enforced. Should abortion occur, there may be exhausting hemorrhage that arises from a retained placenta. The bleeding may not be profuse except at irregular intervals, but it is dangerous as long as the placenta is undelivered. Ergot secures temporary relief, but can not dislodge a grasped and surrounded after-birth. Besides, the foreign mass will decompose, and produce metritis and peritonitis. A fatal state of blood-poisoning is imminent, and the medical attendant knows not what to do. It is suggested by one eminent practitioner that the uterine cervix be dilated, and the half-decomposed placenta removed; and another physician of equal experience says that the cavity of the womb is to be douched with hot water every hour till uterine throes dislodge the retained placenta. I advise that the latter course be tried thoroughly, and if it fail, there has been nothing lost, and the use of the curette and forceps is just as practicable as at an earlier period. The patient should be under an anæsthetic while the manipulation is carried on. However, the pain inflicted is not very great, especially if hot douches have been employed. There is little risk of provoking fresh hemorrhage. It is the inexperienced medical man who shrinks from doing his duty in such case; he is afraid of provoking a fresh hemorrhagic flow, and does not seem to appreciate that douches of water at a temperature of 120° are wonderfully efficient as restrainers of uterine hemorrhage.

A perplexing complication is where the womb slowly fills with coagula, and then dispels the clotted mass as if it were an aborted ovum. The coagulated lump takes the shape of the cavity of the womb, and has some of the appearances of chorion tufts and fœtal membranes. It is well to tear these rounded coagula with splinters of wood that their real character may be revealed. As soon as one clot forms and escapes, it makes way for others to succeed it.

A *post-partum* hemorrhage is to be arrested by the use of ergot, and the aid of the hands in forcing the uterus into a state of contraction. The most troublesome cases are those where the womb will not remain in a state of contraction, but gradually fills with a growing coagulum, and at length bleeds again under expul-

sive throes of the dilated organ. In such a vexatious state two kinds of medicines are indicated: one is a sedative to allay nervous irritability, and the other is ergot of rye or maize. *In extremis* the tampon is justifiable. This may be a strip of bandage, and introduced fold after fold, with the finger. Unless the vagina be well stuffed, a current of blood will sneak around the plug, and prove exhausting. The tampon should not be permitted to remain after it is offensive, which will be at the expiration of thirty or forty hours.

A troublesome metrorrhagia comes from epithelioma of the uterine cervix and carcinoma of deeper parts of the womb. If a woman near the "turn of life" have a hemorrhage from the womb, the presumption is that a miscarriage is occurring, or that a tumor, benign or malignant, is invading the uterus. To determine the nature of the disease will require explanations. Possibly the hemorrhage may come from morbid activity in a womb that should have undergone senile atrophy. At the time the sexual functions ought to decline in females, there is an occasional instance where an unnatural excitability supervenes, causing untimely hemorrhages. However, a more frequent cause of metrorrhagia is in a cancerous development. An epitheliomatous fungus springs from the lining of the cervix uteri, or a scirrhus invades the solid structure of the neck of the womb. In the earlier manifestations it may be difficult to determine the cause of the waste, but if it be malignant, a thin and pink colored discharge, very offensive to the sense of smell, will be observed by the patient. If the disease be not fungous, it will be scirrhus, the cervix becoming hard and knobby as discovered by digital touch. A fungoid mass pushes into the vagina like a polypus, and an induration extending to the walls of the bladder and rectum, blending a group of structures into a fixed mass that is dangerous to remove. A circumscribed knot or fungous growth may be excised with ease and hope of cure, but complex masses of cancerous deposit are formidable to attack surgically.

Recurring hemorrhages reduce the patient's strength, and bring about dangerous states of anæmia. Constitutional and local remedies may do temporary good, but rarely exert a lasting benefit. The application of salicylic acid with vaseline will

with a vascular growth, and restrain the development of scirrhous. The use of iron and ergot systemically is to be tried on the ground that the agents will do as much good as any other medicine. Excision is to be commended when there is a hope of removing a great part of the carcinomatous structure. To excise a small part, or to scrape a circumscribed spot, will do very little good. A complete excision of the womb may be justifiable in rare instances, but the measure is as questionable as it is heroic.

In ordinary menorrhagia, the practitioner wants to know what medicine or therapeutic course is the best in general. To this the reply must be qualified or conditional. If an attack of bleeding be on, the most efficient agent to restrain hemorrhage is ergot; then comes a fluid extract of *Mangifera Indica*, and afterwards that of *Pinus Canadensis*. Ergot from the fungus of maize, is very efficient in the restraint of uterine hemorrhage. That *Ustilago maidis* was championed by homœopaths is not against it. Every medicine is to be judged upon its merits, and not through prejudice. In anæmic cases the use of arsenic is emphatically recommended. Phosphoric acid may be given advantageously, and so may *Veratrum viride*.

Between menstrual epochs the best work is to be done. *Macrotys* then influences for the future. It is a systemic hæmostatic, impressing the nerves: a pure astringent is a mechanical hæmostatic. Sulphuric acid is an agent of that kind, and given in chemical combination with iron, is a hæmostatic of value while hemorrhage from any organ is threatening, even bleeding from the lungs or stomach. The oil of turpentine has so often proved a constitutional styptic in the intestinal hemorrhages of typhoid fever, that it may with reason be suggested as a stupe in both menorrhagia and metrorrhagia. I have used it as a liniment upon the hypogastrium with satisfactory results in cases of uterine hemorrhage attendant upon abortion. The vapor of turpentine may be inhaled to advantage in any hemorrhagic state of the body.

A common prescription with me is the following:—℞ *Distil. Hamamelis* f ʒij., *Fluid Ext. Ergot* f ʒij. M. S. Dose, quarter of a teaspoonful in water every half hour. The combination

is not complex, and acts quite promptly and decidedly upon a bleeding womb. Hamamelis has earned the reputation of being a systemic styptic, and ergot exercises a contracting influence upon the muscular fiber of the uterus, as well as upon non-striated muscular tissue generally.

The accumulation of flesh tends to check menorrhagia, therefore peptics indirectly prove beneficial to anæmic girls who bleed because they are emaciated. As soon as the hope and courage of such patients are stimulated and supported, a degree of improvement in bodily health is observable. Congenial employment, diversion and bright anticipation do more good than physic. The mind must be cheerfully impressed, if a cure would be instituted. What can be done to enliven the spirits of the poor, dejected, despondent girl who realizes her sad fate, and knows she can not change it for the better?

Warm clothing in cold weather is needed to restore robust health and to sustain it. Cold feet are to be made warm by putting pepper in the stockings. Gum shoes are not to be worn in the house; their best service is to keep the feet from getting soaked in wet weather.

The diet of girls suffering from menorrhagia is to be palatable and in abundance. The blood can not be enriched without plenty of nourishment. The thin meals of female boarding houses are devitalizing. The working girls in large towns and cities hastily swallow a poorly prepared breakfast, munch a cold dinner, and sup on a piece of bread and butter. Is it strange that they are anæmic and menorrhagic? It is a wonder that they live as long as they do. In most instances their wages will not pay for wholesome food and pleasant surroundings.—*Eclectic Med. Jour.*

The Night Sweats of Phthisis.

A recent number of the *New York Medical Journal* contains an account of a series of experiments made by Dr. C. M. Cauldwell with a number of remedies usually employed for arresting the night sweats of phthisis, with important results. Each drug was tested in from fifteen to twenty-five cases.

Among the prominent ones tested were atropine, ergotine, digitalis, aconite, paracoto bark and salicin. A number of

these proved efficient in arresting the cutaneous exudation, but a number of unpleasant results were discouraging to their established use for the requisite purpose.

For example, atropine, while capable of arresting the sweats, provoked dryness of the throat, insomnia, anorexia and diarrhoea. Ergotine, a remedy strongly recommended by DaCosta, also exerted a pronounced influence upon the excessive discharge, but caused various unpleasant disturbances of the system, as nausea, colicky abdominal pains and other gastro-intestinal disturbance. Aconite succeeded in minute doses, without producing other unpleasant disturbances, but its influence finally ceased, and the sweating returned without further response to its influence. Some of the agents failed to even influence the affection the least.

The agent settled upon as most promising in its effects was the picrotoxine. It caused no unpleasant effects whatever. Administered to twenty consumptives, it checked the perspiration entirely in seventeen of the cases, or so far diminished them as to do away with any disagreeable sequences. A single full dose at bed-time was sufficient to control the sweating for twenty-four hours in the majority of cases. The dose recommended by Drs. Ringer and Murrell is the one hundred and fiftieth of a grain, but this observer found it quite too small to act promptly and positively. One-fortieth of a grain at bed-time, and repeated after midnight, was the quantity usually employed.

The value of this agent in phthisical sweats will suggest its use in the prostrating sweats attending other debilitated conditions where a remedy is fully as important as in phthisis. As it evidently has an affinity for the sudoriparous glands and an influence to impart tone and energy to them, it ought to act well in any case of relaxation of these parts.

Picrotoxine is an alkaloid of the *cocculus indicus*, which has some reputation among the homeopaths in menstrual colic, and headache, chorea, and other nervous conditions connected with the menstrual function. This use of its alkaloid is, however, comparatively new to them. Triturate one grain with forty of milk, and administer a grain of this at a dose, or if a smaller dose is required increase the proportion of the vehicle.—*California Med. Jour.*

Bichloride of Mercury in Gonorrhea.

Solutions of bichloride of mercury varying in strength from one to fourteen per cent., according to the amount of inflammation present, have, in the hands of Dr. Constantine Paul, obtained remarkable results. One part to 20,000 of water is sufficient to destroy the gonococcus, which he considers pathognomonic of gonorrhea.

Nitroglycerine and the Chloride of Gold and Sodium in the Treatment of Albuminuria.

Chloride of gold and sodium have long been known to have a special direction to the genito-urinary apparatus. The ovarian and uterine organs in the female, the testes and vesiculæ seminales in the male, are stimulated by it, and the kidneys, by means of which it is eliminated, and in which it tends to accumulate, are decidedly affected by it in function and structure. In common with some other agents of the class to which the gold belongs — for example, corrosive sublimate — the chloride acts upon the connective tissue, and checks its overproduction or its hyperplasia. It would be quite impossible in this note to go over the evidence on these points, and hence I must ask your assent to these statements. They have been accepted as true of gold from the days of the alchemists and iatrochemists, as anyone may ascertain from that curious collection of medieval medical learning, the "Anatomy of Melancholy." It has happened, strangely enough, that Hahnemann and his followers have profited by this knowledge, and have used gold preparations — especially *aurunpotabile* — in the treatment of renal diseases with success. How and when are these remedies used? Nitroglycerine is now administered, as all present know, in the form of the centesimal solution, 1 minim of the pure drug to 100 minims of alcohol, the initial dose of this 1 per cent. solution is 1 minim, which should be increased until very characteristic physiological effects are produced. The susceptibility to the action of nitroglycerine varies greatly, and hence the dose cannot be stated beforehand. It is necessary to produce some obvious effect. To maintain the same level of action, a slight increase in the dose may be required from time to time. As the

effect is not lasting, the interval between the doses should not exceed three or four hours.

The administration of nitroglycerine should begin, in acute cases, immediately after the subsidence of acute symptoms. It is indicated in chronic cases at all periods, but is more especially useful if given before hypertrophy of the muscular layer of the arterioles has taken place. When it acts favorably the albumen in the urine steadily diminishes. •The mechanism of its action consists of the lowering of the pressure in the renal vessels. How far any curative effect proceeds from the action of this remedy on the sympathetic system remains to be determined.

Chloride of gold and sodium is indicated in the subacute and chronic cases, especially in the latter. The earlier it is given the better, if structural changes are to be prevented or arrested. The good effects to be expected from it will depend necessarily on the extent of the damage already inflicted on the kidneys. The usual dose is one twentieth of a grain, given twice a day, but this may be much increased if necessary. At the outset one-tenth of a grain may be given; in a week the dose should be lowered to one-fifteenth, and after a month the regular dose of one-twentieth should be steadily pursued, with occasional intermissions. Indigestion, gastralgia, colic pains, nausea or diarrhoea, are occasionally caused by it; and, if so, the quantity administered must be reduced. It is usually borne without any discomfort; but, after prolonged administration, salivation, weakness, emaciation, trembling, and other nervous phenomena, may possibly occur. Such effects, however, are wanting in my experience. The treatment of albuminuria by nitroglycerine and chloride of gold and sodium does not necessitate the exclusion of other means — hygienic, climatic and dietetic. These remedies should, however, be given uncombined at different hours, and their action should not be hindered or obscured by the effects of other agents given with like purpose. To this general statement there may be two exceptions: with nitroglycerine, amyl nitrate, or sodium, nitrate may be given; with the chloride of gold and sodium corrosive sublimate may be combined. If doubts may be felt in regard to the propriety of depending on the utility of these remedies, they need not be

long experienced, for if no good effects are observed in two weeks they may be discontinued.—DR. ROBERT BARTHOLOW, in *Md. Med. Jour.*

Gonorrhœal Rheumatism.

M. Terrillon, lecturing at La Charité, observed that by a curious chance he had two patients in his wards suffering in a very similar manner from this somewhat rare affection. They were both young men who had been for a few weeks the subjects of subacute gonorrhœa, when they were seized with severe inguinal pain, with fever and *embarras gastrique*, one of the patients feeling considerable pain and tenderness on pressure in the vicinity of the hip-joint, while in both the movements of the joint were somewhat impeded, and in both there was a deep-seated, doughy resistance in the inguinal region. The conclusion arrived at was that the bursa situated beneath the psoas was the seat of pain, but this continued for some time rather obscure. This rheumatic affection is not merely a coincidence of the gonorrhœa, but a form of rheumatism which develops itself without any other cause whatever than the gonorrhœa. It is, indeed, not rare to meet with patients who, having been cured of a first attack of rheumatism occurring under these circumstances, do not suffer from subsequent attacks unless they contract a second blenorragia. This form of rheumatism has its peculiarities, for it attacks females very seldom, and nearly confines its attacks to the large joints—the hip, knee and elbow—the smaller joints only suffering secondarily. Moreover, it is generally uniarticular. Sometimes it is attended with effusion into the joints, while at others it gives rise to ankylosis in even ten or fifteen days, the rapid formation of fibrous adhesions rendering this incurable. This rheumatism may, however, affect other parts than the joints. Thus (1) what seems to be an articular affection may really be one affecting the neighboring tendinous sheaths—a tendinous synovitis with swelling and effusion. (2) It may invade the muscular system, the muscles of the neck, the deltoid, or even the motor muscles of the eye being affected. (3) It may manifest itself in the serous bursæ, near the joints, as the hip, patella, or elbow. (4) It may attack the sciatic nerve,

and this is not very rare. (5) M. Guyon first pointed out a doughy state of the cellular tissue that may occur, accompanied by pain and heat. (6) Many examples exist of its attacking various tissues at once in the same region. Gonorrhœal rheumatism, moreover, is peculiar in not giving rise to any visceral phenomena, so that affections of the chest do not result from it. It is also fugaceous, and does not reappear except after a new gonorrhœa. The relation between it and the discharge is somewhat curious; for, in some patients who had had abundant discharge, this diminishes as soon as the rheumatism is manifested; but this is not constantly the case. As to its prognosis, the disease may be said to be of but slight importance when it attacks only the tendinous sheaths, the bursæ and the muscles; but this is far from being the case when a joint is invaded, for so easy is it for ankylosis to take place that our first object should be to place the limb in the most favorable position in case this should occur. Even when ankylosis does not occur, stiffness of the joint is one of the most common sequences, and this, accompanied as it often is by muscular atrophy, is long in disappearing. In these cases we must allow the joint to gradually resume its movements, and not endeavor to force this by violent measures, under pain of finding the fibrous bands increase in number and thickness. This state of atrophy and stiffness is much benefited by electrical currents, by *massage*, by sulphurous douches, and by a course of mineral waters at Aix. The treatment of gonorrhœal rheumatism is not the same as that of ordinary rheumatism, in which salicylic acid is the heroic remedy. Here it is of no avail, and we have to content ourselves with revulsives, chiefly blisters, repeated as many as three times, at intervals of two or three days. When the effusion is abundant we should not hesitate to puncture the joint, which is an excellent proceeding, relieving it at once of a mass of liquid which would require at least two or three weeks for its absorption. After the puncture, effectual compression should be applied. Finally, the disease leading to a considerable depression of strength in the course of a few days, its subjects should be carefully "tonified," and the tonic *par excellence* in such a case is the sulphate of quinine.—*Gazette des Hôpitaux*.

EDITORIAL.

The American Medical College.

The Annual Commencement of the American Medical College was held on Tuesday, March 3rd, 1885. The degree of Doctor of Medicine was conferred by the Dean, Geo. C. Pitzer. After the Diplomas were given to the graduates short addresses were made by the members of the Faculty—Professors Merrell, Kinsley, Rowe, Younkin, Sibley and Rutledge, each in his turn congratulating the newly made doctors by appropriate speeches, full of encouragement and good wishes. The names of the graduates are as follows: J W. Hempstid, Kas.; Marion C. Middleton, Mo.; G. M. Terrell, Ohio; Eli Marion Hoover, Ind.; William E. Biggs, Ark.; J. H. Hoxsey, Ill.; I. F. Marquis, Mo.; R. F. Jones, Ark.; C. W. Sager, Ohio; Alfred Eichler, Mo.; S. E. Byler, Ark.; F. M. Barnes, Mo.; C. W. Hinchman, Mo.; W. A. McNown, Ill.

On other occasions this college has sent out men who were as well qualified as any in this class, but, upon an average, this is the best class of graduates we have yet examined. The facilities for teaching have been greatly increased, and the comforts of this institution are equal to any in the West. Announcements for the coming session will be ready soon. There will be no changes regarding time of opening—first Monday in October—length of session, tuition, etc., and those wanting information about the next session can gain all the knowledge they require from last year's announcements; but new catalogues will be ready soon, embracing a full list of all the graduates of the American Medical College from its organization up to the present time. We hope to have a full class the coming winter, and no pains will be spared in making each session a little more profitable to the students than the one preceding it. We mean progress in everything. Students or physicians contemplating taking lectures are solicited to correspond with us, and we will take pleasure in presenting the advantages of this school.

Surgical, Optical and Electrical Supplies.

Hernstein & Prince, of the old and well-known firm, of Aloe & Hernstein, have opened a new house at 317 N. Fourth Street, St. Louis, where everything in the line of goods above-mentioned, of the very best and newest designs, may be had at reasonable prices. This new firm will at once command confidence and patronage, as its members are already well known to the profession all over this country.

For Vaginismus.

Hydrochlorate of cocaine has been employed in vaginismus, by painting a four per cent. solution on the vaginal orifice, with the almost immediate effect of removing the irritability and spasm.—*Med. World.*

Professional Notes.

—The bill to abolish the State Board of Health of Missouri failed in its passage. The bill to appropriate ten thousand dollars, instead of five thousand, to carry on the work of the State Board also failed; but the bill to appropriate four thousand dollars for wolf-scalps, we rejoice to say, was carried.

—The loss of life from snake bites in India during the year 1883 amounted to 20,067.

—The operation of ovariectomy was performed in Shanghai, China, on the 25th of February, by Miss Elizabeth Reifsnyder, M. D., a lady physician of the American Woman's Union Mission. The tumor weighed 33 lbs. The patient recovered.

—Dr. William Allen has used successfully upon the human body skin-grafts from the frog.

—It is well to bear in mind that vaseline applied to the skin is sometimes followed by irritation and an eruption assimilating eczema.

—Dr. L. A. Rodenstein, in speaking of prolonged gestation, mentions four cases. In the first, pregnancy had lasted a full year according to the woman's computation. In the second case, ten months and twenty-one days intervened between the cessation of the menses and labor. In the third case the dura-

tion of gestation was eleven months and four days; and in the fourth case the patient had a single coitus, which was on January 9th, 1875; delivery occurred on December 15th, making the duration eleven months and fifteen days.

MISCELLANEOUS PARAGRAPHS.

The Hygiene and Homœopathy of Opera Singers.

Miss Kellogg writes, in the *Critic*: "Different singers use different drinks for refreshing the throat, according as their experience has taught them. I have found beef-tea to be of great service. I have known some singers to use a gargle. Le Franc, the tenor, famous for his high C, used a salt-and-water gargle. The singers of a past generation depended a great deal upon sulphur, and so do those of to-day, only they take smaller doses. They take it homœopathically. Patti, I am told, puts a great deal of dependence upon *hepar-sulphur*. I use it, too, and so do other singers who are homœopathists, and most of them *are* homœopathists, for they find that prevention is the best treatment for their ailments. Nine hours a night—or never less than eight—are necessary for a singer to sleep, for her nervous force is heavily taxed."

Gynecology.

On March 12, 1885, I was called to see Mrs. D., æt. 40. History of the case as follows: About ten months ago she began to have some hemorrhage, which the attending physician thought came from the uterus, believing it to be due to the menopause; but all the medicine that she had taken did not seem to have any influence on the hemorrhage. This state of affairs continued about one month, when another physician was called in consultation. The last one said she had an abortion. The patient was under their treatment for about one month more, but the hemorrhage continued. As things by this time had assumed ugly proportions, without the least prospect of getting better, as a last resort her husband and friends decided to send for me. I found the patient weak and feeble, very nervous, tongue coated, bowels

constipated, urine high colored, and the hemorrhage still going on. I proposed a specular examination, which was at once accepted. This examination showed the os and neck to be in a state of granular ulceration. I made a thorough application of tr. iodine to the entire neck and os. This stopped the hemorrhage. Two days afterwards I removed all the millet-seed-like elevations with Butler's spear-point bistoury, cleaned out the parts, and made a thorough application of chromic acid, which produced a slough in about six days; then dressed with iodoform and glycerine, which dressing I am still using. The patient's secretions are now in good condition, her appetite is good, she sleeps well at night, urine is clear, and she is at this writing able to sit up some, and will in a short time be well of her old womb troubles. Now for a word to my young medical brethren: When you are called to see a patient, make a close examination. Don't be timid. Neither should you be rash, but be a gentleman. Treat your patients in a pleasant way; explain to them the nature of their troubles, not in language they can't understand, but in plain terms. Show them you are consulting their best interests. Do this, and you will soon find that you are loved and esteemed by your patients.

Caddo Mills, Texas, Mar. 20, 1885. W. S. BAIN, M. D.,

Disinfectant Lamp.

This Disinfectant Lamp is a small spirit lamp, charged with a fluid which, when burned, liberates and diffuses through the air a disinfectant vapor. To Dr. Richardson, of London, England, is due the suggestion of this ingenious device. Dr. Richardson employed a mixture of benzoline and carbon bisulphide, which burns with a smoky flame, evolving abundant fumes of sulphurous acid gas. We have substituted alcohol for the benzoline, producing thus a fluid which burns with a smokeless flame; and we have further applied this device to the production of vapors of the oxidizing disinfectants, chlorine, bromine, and iodine.

Four different fluids are supplied for use with the lamp: (a) "Chlorine solution," which, in burning, evolves fumes of chlorine.

- (b) "Bromine solution," evolves fumes of bromine.
- (c) "Iodine solution," evolves iodine vapors.
- (d) "Sulphur solution," produces in combustion sulphurous acid.

The uses of the lamp need not be stated in detail, as the action of the several disinfectant vapors produced is well known. The especial advantage of the device is that it enables us to employ such active agents as bromine without danger of over-doing the matter; the evolution of vapor is perfectly under control, ceasing at once when the lamp is extinguished.

Box No. I.—Containing one lamp and one bottle of any of the solutions. Retail price, 50 cents.

Box No. II.—Containing one lamp and one bottle of each of the four solutions. Retail price, \$1.00.

The solutions are sold separately at a uniform price of 25 cents per bottle, and are packed in boxes of one-half dozen each.

In box No. I. we supply the "sulphur solution" if the order does not specify which one is wanted.

NEW YORK:	PARKE, DAVIS & Co.,
60 Maiden Lane & 21 Liberty St.	Manufacturing Chemists, DETROIT, MICH.

Vaginismus Treated Successfully with Hydrochlorate of Cocaine.

Dr. Dujardin-Beaumetz reports (*Bulletin General de Therapeutique*) the case of a servant thirty-three years of age, who was married at the age of twenty-one, had a child eighteen months later, with a tedious labor which required the use of the forceps. For several months after her confinement she suffered from the effects of a partial retention of the placenta. Upon recovery, sexual congress became extremely painful, which was so marked that all cohabitation was impossible. Upon admission to hospital and examination, some distance from the orifice of the vagina there was found to be a contractile adhesion, strongly marked and resisting the passage of the finger. While the patient was under chloroform the vaginal orifice was forcibly dilated, first with the fingers and then with the speculum. This operation not proving very satisfactory, a gradual dilatation was attempted by the introduction of the bivalve speculum, twice

daily, and left in place for one or two hours at a time. This treatment proving as inefficacious as the first, painting the internal surface of the labia minora and the whole circumference of the vaginal orifice with a solution of cocaine, 2 parts per 100, was practiced. In about a minute sensibility to the prick of a needle had disappeared, and the speculum was introduced almost without any pain, much to the surprise of the patient. A second application made on the following day gave the same result. On the third day the speculum was introduced without the use of the drug, and with but little resulting sensibility. After four of such applications, the introduction of the speculum and the practice of the vaginal touch with the finger gave but little annoyance, the contracted adhesion in the vagina being no longer felt.

Clinical Notes.—By E. M. HALE, M. D.

Breakbone Fever.—Dr. West, of Galveston, Texas, in the *Medical Record* describes an epidemic of *Dengue* in that city. He names it breakbone fever. We have had this winter in Chicago an epidemic presenting nearly the same symptoms: violent pains in back, abdomen, legs and head, with gastrointestinal irritability, cramps of stomach and bowels, vomiting and diarrhœa. He uses aconite, belladonna, pilocarpine, Dover's powder, etc. In this city, I found that aconite or belladonna did but little good, while *Baptisia* and *Monaca* (*Francisca uniflora*) were the remedies. *Monaca*, especially in doses of 3 to 5 gtts. of the tincture every hour or two, was specific in nearly all cases.

Muriate of Cocaine.—Dr. Post, of New York, relieved an aggravated case of *irritable bladder* by injecting 15 gtts. of a 2 per cent. solution into the bladder.

A bad case of *spasmodic asthma* was quickly relieved by applying a 4 per cent. solution with a camel's hair brush to the naso-pharyngeal mucous membrane.

[In several violent cases of influenza, similar to hay-fever, with intense irritation of the nasal passages, and an acrid secretion, I (Hale) promptly relieved by applying a 2 per cent. solution to the irritated surfaces, by means of a probe wrapped in absorbent cotton.]

Pruritus vulvæ.—A severe case in the practice of Dr. Post was immediately relieved by painting the vulva with a 2 per cent. solution. The lady was in great agony, almost nymphomaniac, suicidal.

[I (Hale) have relieved several similar cases, which had resisted all other remedies; also two cases of *vaginitis*, so severe that the speculum could only be introduced when the patient was under the effects of chloroform.]

The *iodide of arsenic*, 3 \times . is the specific, this winter, for all cases of *influenza* with corrosive, acrid discharges from the anterior and posterior nares.

Apomorphia in Asthma.—Dr. Weber, of Darmstadt, claims to have cured a case of thirty years' standing. He gave 1-12th of a grain three times a day, gradually increasing the dose to 1-3rd of a grain.

Apomorphia muriate is the best form in which to prescribe it. It should be dissolved in distilled water. A brother of Dr. Weber, an obstetrician, has found this remedy very useful in *rigid os*—not interfering in the least with normal contractions.

In doses of 1-50th of a grain it has been successfully used in *sea-sickness*. As a rapid and thorough emetic in cases of poisoning it has no equal. The emetic dose is 1-12th of a grain hypodermically.—*Medical Era*.

A Perineal Calculus.

Dr. Sarget de Orihuela records (*Union de las Ciencias Medicas, Gaz. hebdomad. des Sciences Méd.*) the case of a laborer who suffered for two years from a tumefaction in the perineal region, which was the cause of sharp pains. The patient attributed his difficulty in urinating to the pressure exerted by the tumor upon the urethral canal. Several diagnoses had been made, one of a tumor of the prostate, a malignant tumor, and of phlegmon. Direct examination showed an extensive induration from the base of the scrotum to the anterior segment of the anus, of an almost cartilaginous consistency, and the slightest touch produced acute pain. Urination was drop by drop and very painful. A local application of strong iodine ointment produced increased pain, an increase in the size of the tumor, and resulted in the forma-

tion of a point of fluctuation. Puncture discharged a large quantity of pus and allowed the passage of the index finger, which encountered a hard, rough foreign body implanted in the perirethral tissue; this was removed with the forceps in three fragments, after which the wound cicatrized, but not very firmly, but urination became easy, and the general health was reëstablished.

As a cause for this deposit it seems that the patient had at one time received a contusion in the perineal region, resulting in the retention of urine for thirty-six hours. For fifteen days afterward he suffered from acute pains in that region, which gradually disappeared. The calculus was formed mostly of phosphates, of carbonate of lime and organic matters. There were also traces of urate of lime.—*Journal American Medical Association.*

The Oleat of Copper — Its Employment in Five Hundred Cases of Parasitic Diseases of the Skin.

In an article under the above caption in the *New York Medical Journal*, Dr. F. Lesiur says:

“The scope of usefulness of the remedy, so far as my observation goes, is confined to practically seven diseases, viz: *tinea tonsurans*, *tinea circinata*, *tinea kerion*, *eczema marginatum*—all caused by the same parasite; *tinea sycosis*, *tinea versicolor*, and *tinea favosa*—each due to a separate parasite. My plan of treatment is as follows: If affecting a hairy part, first of all cut off the hair close to the skin, wherever a diseased spot shows itself, the clipped area extending one inch, and oftener one inch and a half, beyond the margin of the advancing lesions. Having done this, the parts are then anointed with oil, fluid cosmoline (petroleo), or glycerine, or a bread-and-milk poultice is applied. This for the purpose of dislodging scales or crusts, if any be present. For the same purpose, when very much scurf or actual dirt is accumulated upon the parts, as is not unfrequently the case, especially in public practice, I occasionally direct the parts to be thoroughly scrubbed with castile soap and warm water. Then an ointment of oleate of copper, of a strength suited to the severity of the case, is prescribed, and ordered to be rubbed into diseased patches, gently but thoroughly, so as to procure as complete and rapid absorption as

possible. If an exposed part, as in the case of ring-worm of the head, it may be lightly covered with some appropriate material, or left bare, as the judgment and exigencies of the case dictate. The process of inunction should be repeated at least twice daily, this being usually amply sufficient. Unless an accumulation of scab-like substance should appear, it is not necessary or even desirable that the part be washed, except at frequent intervals. No set prescription is used—that is in relation to strength—some cases requiring but a mild application, while others call for a very strong ointment. The following prescription illustrates the average range of strength in which it is most frequently employed: R. Cupri oleatis, ʒj-vj; ung. petrolei, q. s. ad. ʒj. M. Between the two extremes above noted, I choose a strength which the judgment indicates as being best suited to the case. Not unfrequently a change for the better is observed after the second or third application, and more especially if the case be of a mild character; often seven or eight days suffice for a cure. If, however, it is severe, a longer time is required, varying from ten days to three weeks. Exceptionally obstinate cases require even longer periods than this, but these are comparatively rare.

Epilation is rarely necessary in parasitic diseases where copper oleate is used.

Using the five hundred cases as a basis, I think better and quicker results—speaking in general terms—are attainable by the copper treatment of the parasitic disease than by any other plan. No better evidence of its permanency is afforded than that every case enumerated was relieved *entirely*, not a single relapse having come to my knowledge. In almost all cases of diseases of the skin; be it parasitic or not, the patient is physically below par, and tonics appropriate to each case are imperatively called for. The proper supporting and reparative measures must vary, of course, with the exigencies of the case.

With regard to untoward effects from the treatment, I have observed, in a number of cases, a tendency to the forming of “blind” furuncles. In these instances the furunculous swellings developed, it is true, after the application of the very strong ointment, but—and this is an interesting point—in many, if not

all, of the persons affected with them there existed a more or less well-marked tendency to a strumous diathesis. In consequence of this significant fact, the question has suggested itself to me whether the swellings would not have occurred with the application of any other remedy; if, indeed, they would not have presented themselves anyway, sooner or later, through the aggravating influence of the morbid dermal state.

Agents which Influence the Circulation.

ALCOHOL.—*Physiological Action on Circulation.*—Toxic doses of alcohol reduce both the force and frequency of the pulse; at the same time it reduces the arterial pressure. The force is reduced by the depressing effect of alcohol on the heart itself, and the frequency by the inhibitory stimulus of the vagi. If the stimulation is carried far, it produces paralysis of the vagi and then the pulse may be increased.

In moderate or small therapeutic doses, alcohol increases the force and frequency of the pulse, with increased arterial pressure.

Therapeutic Indications.—A *feeble, non-resisting* pulse. Under any circumstances when we have a failure of heart power, whether it be from exhaustion, loss of blood or the effect of some poisonous depressing agent, alcohol is indicated. In adynamic fevers where the pulse is quick and feeble, it is specially indicated, as by stimulating the heart and increasing the force it reduces the frequency. The size of the dose must always be guided by the effect. So long as it lowers the pulse and reduces the temperature the dose is all right, but should the pulse become bounding, the skin hot and dry and the patient restless, the dose is too large, and must be decreased or omitted for a time. No special quantity can be definitely laid down, but each case must be decided by the effect produced.

AMMONIA.—*Physiological Action on the Heart and Blood Vessels.*—Large doses of ammonia produce a temporary decrease in the pulse rate and blood pressure, followed by a sudden rise in the rapidity of the heart's action, and the pressure in the arterial system. This decrease in the arterial tension is only observed where large doses have been administered, either internally or by intravenous injections; the condition is undoubtedly owing to the temporary action of the poison on the heart.

When given in therapeutic doses it is a powerful arterial stimulant, though not lasting in its effects. It stimulates the accelerators of the heart and the muscular walls of the arteries, producing an increased warmth of the surface, and a general feeling of activity throughout the whole system.

Therapeutic Indications.—The most prominent indication for the use of ammonia is failure of the heart's action. It is especially indicated in *sudden faintings, exhaustion, shock or collapse from injury*. It does not appear to be of any advantage in the failure of the heart in adynamic fevers. The aqua ammonia and the carbonate are the preparations usually used to influence the circulation. Either preparation can be inhaled or given internally. Ten to fifteen min. of the aqua ammonia, diluted with four parts of water, is sometimes used as an intravenous injection in failure of the heart during anæsthesia, which may be repeated every fifteen minutes. Or the same method may be adopted in any sudden collapse from any cause.—*Cal. Med. Jour.*

Chorea.

Dr. Bauduy related several interesting cases. The first was one of chorea brought to him by Dr. McCandless, of Pinckneyville, Ill., which had been unusually obstinate in character. It had resisted all the ordinary means of treatment, and the case was rapidly becoming aggravated and presenting many outside serious features. There was decided asthenia, great nervous prostration and some irritability of the stomach. All the usual modes of treatment had been tried, and amongst other things arsenic had been administered internally quite boldly and freely with an absolutely negative result. Dr. Bauduy dwelt upon this point particularly, as he believed that if there is any one remedy that is usually successful in chorea it is arsenic. The usual course of the disease as taught by Trousseau was to terminate after awhile by self-limitation; but those who have had much experience in the treatment of these affections knew that there was a series of cases of chorea which are not so easily controlled by treatment and which do not pursue the ordinary course of self-limitation. Some years ago Dr. Hammond, of New York, very strenuously advocated the hypodermic injection of arsenic, especially in cases

where the internal arsenic treatment had failed. Dr. Bauduy suggested to Dr. McCandless that he commence with a three to four minim dose of Fowler's solution, injecting it hypodermically and gradually increasing the dose; a very happy result followed. A marked improvement commenced within a day or two, and after continuing the remedy for a short time the case was cured, and there had not been the slightest recurrence, as is apt to be the case in choreic affections.—*Dr. Bauduy Before Medico-Chirurgical Society.*

Two Babies in 306 Days.

On May 12th, 1884, I was called to see Mrs. C. Found her in labor. After a comparatively short and easy labor she was delivered of a healthy male child, which is still living and doing well. On March 14th, 1885, I was again called to attend Mrs. C. in confinement; this time she was delivered of a healthy girl baby. The first child nursed until the mother found that she was again pregnant. Mrs. C. is 20 years old, and these are her first two children. She was married two years before her first child was born. Can any one report two babies (not twins) from the same mother in the same length of time, both children at full time?

C. H. RIGG, M. D.

Coca and Cocaine in Sleeplessness.

The following cases, reported in *British Medical Journal*, were under the care of Dr. Murrell at the Westminster Hospital:

A man, aged thirty-three, suffering from aortic disease and albuminuria, had been troubled with insomnia for a fortnight. Three minims of a four-per-cent. solution of hydrochlorate of cocaine (one-eighth grain) were administered hypodermically. The patient remarked that he "slept better than he had done for a long time." The following night a dram of the valoid of coca (a liquid extract, each dram of which represents an equivalent quantity of the leaves) was administered. He did not sleep well. Two drams were then given and sleep was produced. This dose has been continued each night for three weeks with good results.

A case of empyema: Sleep was produced by two drams with beneficial result.

A woman with tertiary syphilis and large rupial ulcer of thigh: Two minims of a four-per-cent. solution were dropped on the ulcer and the pain was relieved.

Dr. Murrell found that six minims of a four-per-cent. solution of the alkaloid (one-fourth grain) and five drams of the valoid could be given without bad effect.—*Louisville Med. News.*

Oil of Wintergreen in Rheumatism.

Dr. Seelye reports results of treatment in one hundred and eighteen cases of rheumatism with oil of gaultheria, in the *New York Medical Journal*. He says the medicine may be given in capsules alone, or with salicylate of sodium, or in soda water. The most common method used in acute cases was by the following formula: R. Ol. gaultheria, m xx.; glycerin., aqua, āā ʒj. Give this dose every two hours during day, and every three hours during night.

By this treatment pain and swelling generally left the joints in twenty-four hours. Before or by this time the patient would generally complain of some ringing in the ears and deafness, similar to that produced by large doses of quinine, but probably not so marked. The dose was then diminished, and only one drachm given every three or four hours. The symptoms caused by the remedy were more severe in those accustomed to alcoholic liquors—delirium sometimes supervening.

This treatment, it is claimed, will speedily cure in eighty-five per cent. of cases; and, by actual comparison, has been found more efficacious than that with the sodium salicylate.—*Medical Summary.*

A New Treatment for Neuralgia.

The latest agent introduced for the relief of neuralgia is a one per cent. solution of hyperosmic acid, administered by subcutaneous injection. It has been employed in Billroth's clinic in a few cases. One of the patients had been a martyr to sciatica for years, and had tried innumerable remedies, including the application of electricity no fewer than two hundred times, while for a whole year he had adopted vegetarianism. Billroth injected the above remedy between the tuber ischii and tro-

chanter, and within a day or two the pain was greatly relieved, and eventually it quite disappeared. It would be rash to conclude too much from these results, in the face of intractibility of neuralgia to medication, but if it really proved to be as efficacious as considered, hyperosmic acid will be a therapeutic agent of no mean value.—*Medical Record.*

Diabetes.

Dr. Austin Flint, jr., adds four more cases of diabetes to the fifty-two reported to the American Medical Association. The patients were placed on strict antidiabetic diet, and Clemens's solution of arsenite of bromine, beginning with three drops, increased to five, was also given. Of these four cases three were permanently relieved. In conclusion he adds: "Diabetes has become to-day a disease easily and certainly curable, provided that the treatment be not begun too late."—*Louisville Medical Times.*

Chloroform Treatment of Tapeworm.

Dr. F. H. Enders, of Wailuku, Sandwich Islands, writes as follows to the *Medical Record*: "I have treated five cases of tapeworm, at the Malulani Hospital, successfully with the following: *R.* Chloroform, extract. filicis fluid, $\bar{a}\bar{a}$ f \bar{z} j; emuls. ol. ricini, f \bar{z} iij. To be taken in the early morning. *M.* No food allowed until after thorough action of the bowels. The entire worm was brought away in each case, with no unpleasant results."

New Devices for Invalids.

We would call special attention to the advertisement of A. M. Leslie & Co. This old and enterprising firm is always reliable, and can furnish anything required in their line, and at prices to suit the times.

Falling of the Hair.

R. Glycerine, \bar{z} iv; tannin, \bar{D} i; tinct. cantharides, \bar{z} i; ol. capsicum, gtt. x. *M.* Moisten the scalp morning and evening.—*Medical Summary.*

Carbonate of Titanium.

A writer in the *Medical World* recently recommended in the strongest language a certain pill "used by the French women to produce barrenness," as a remedy for amenorrhea. A married woman using this pill, says the writer, does not become pregnant. The formula is as follows: *R.* Pulv. aloes (soc.), carb. titan, \overline{aa} $\overline{3j}$. Fiant pilulæ No. xxx. Sig. One pill three times daily. No particular nicety need be paid in regard to dose; from one to three pills may be taken *ter die*. Dr. A. B. Lyons, of Detroit, Mich., suspecting some crookedness, sent for some of the carbonate of lithium. On examining an alleged specimen he found that it consisted of about equal parts of sulphate and sub-carbonate of iron, with a little bloodroot. The vaunted pill, therefore, is nothing more than the ordinary pil. ferri et aloes.—*Med. Record*.

Furniture Polish.

The subjoined simple preparation will be found desirable for cleaning and polishing old furniture: Over a moderate fire put a perfectly clean vessel. Into this drop two ounces of white or yellow wax. When melted add four ounces of pure turpentine; then stir until cool, when it is ready for use. The mixture brings out the original color of the wood, adding a lustre equal to that of varnish. By rubbing with a piece of fine cork it may, when it fades, be removed.

Rheumatism.

Oil of gaultheria has been tested in Bellevue Hospital in the treatment of rheumatism. Ten minims of the oil were emulsified with half a drachm each of glycerine and water, and given at two or three hours' interval. Great relief to the severe pain and swelling was secured in most instances; but this relief was followed by an exhibition of symptoms due to the effects of the drug, as singing in the ears, deafness, "fullness" in the head, etc. It is best given in capsules.—*Med. World*.


In Menorrhagia.

R. Fl. ext. cannabis indicael, $\overline{3ij}$; fl. ext. hamamelidis virg., $\overline{3ij}$; syr. aurant. cort., q. s. ad., $\overline{3iij}$. *M.* Sig. A teaspoonful three times a day.—*Blackwood*.

Why Contagious Diseases Attack but Once.

Professor Tyndall thus endeavors to explain the immunity obtained against a second attack of a contagious disease: "One of the most extraordinary and unaccountable experiences in medicine was the immunity secured by a single attack of a communicable disease against future attacks of the same malady. Small-pox, typhoid or scarlatina, for example, was found as a general rule to occur only once in a lifetime of the individual, the successful passage through the disorder apparently rendering the body invulnerable. Reasoning from analogy, I have ventured to express the opinion that the rarity of second attacks of communicable disease was due to the removal from the system, by the first parasitic crop, of some ingredient necessary to the growth and propagation of the parasite."—*Medical World*.

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ORIGINAL COMMUNICATIONS.

**ART. XV.—Treating the Puerperal Womb.—By G. A. ROWE,
M. D.**

Labor at full term is a natural physiological action, and not a sickness or disease in the ordinary meaning of those terms. At no time during the period of gestation, including even the expulsion of the fetus and secundines, to that of complete involution can the uterus be said to be in an abnormal state. It is simply undergoing a physiological evolution, conforming all the while to conspicuous laws of nature.

During the process of gestation the uterus virtually grows, for the evident purpose of accommodating itself to the gradually increasing size of the fetus; and, after birth, it shrinks back to its former state. In other words, the nutritive process of assimilation prevails over that of disassimilation during gestation, so that a certain amount of substance remains after each nutritive exchange, the result of which is uterine growth. When the limit of gestation is reached, whether it be at full term or not, and parturition begins, there is a pronounced change of affairs; the uterus not only ceases to grow, but at once begins to reduce its size and caliber to that state in which it existed at the moment of conception.

In accomplishing this act of retrogression the nutritive processes are reversed—the disassimilative powers predominate over

the assimilative ; the amount of nutriment for the uterus to complete that particular gestating cycle was sufficient; and cell-action ceased because of their contact with a different kind of product of cell-metabolism. During this particular time of growth the uterus acted upon fixed physiological principles, and made no sacrifices for the purpose of perpetuating its kind, as some noted writers contend. Since it has been clearly shown that there was actual growth of the womb during fetal development, it is hard to understand in what way it sacrifices. We, therefore, have the usual definition of a normal womb too • limited, because it does not include the impregnated womb in the definition. So long as a body or organ faithfully observes nature's laws, and performs all the duties and functions common to it, we can rightly say that such body or organ is in a normal condition. Hence, in treating the puerperal womb, we should treat it as one *normally* traumatic, unless the traumatism has been induced by violence. Even then the treatment is the same in principle, except to provide against greater nervous and systemic shock that follows violent measures.

To give medicine, or interfere in any way in a case of normal labor is reprehensible and uncalled for. The use of chloroform or forceps in such a case, with the view of lessening pain or hastening delivery, is meddlesome, and unnecessarily endangers the patient's life.

A practice that is meeting with considerable favor with many of our leading physicians is that of injecting every puerperal womb with some medicated wash, for the purpose of antiseptizing it. The practice is a direct product of the "germ theory" of disease, and the injections are given with the hope of punishing or destroying any audacious microbes that may have sneaked into the uterus to satisfy their avaricious appetites. Now, the gentleman to whom this theory discovered itself is entitled to honors, but he should be particularly jealous of the manner in which it is applied to practice.

An intra-uterine injection cannot be given to the most healthful uterus without producing considerable shock, and how much greater it must be when given to a raw and bleeding one ! Uterine injections are to be discouraged, therefore, not only after natural

•

labors, but after abortions also, unless there is a special demand for them. The argument, however, that animals never infest a womb after labor, whilst it is a powerful one, should not be too strongly quoted against the practice, for the very evident reason that their habits and customs are altogether different from ours, and it is true, also, that animals sometimes die from puerperal fever. The environments of the individual, as well as the nature and constitution of the same, lend much to the prognosis and treatment. For that reason there are no two cases of the same disease that can be treated exactly alike; which is peculiarly fatal to the *doctrine of the infallibility of any one law of cure*. If there is any one function entirely natural to, and expected of, the womb, it is that of discharging its fetal contents at such time as may be most conducive to its welfare. That time need not necessarily be at full term, but any time after conception may have taken place. Whatever may have been the cause of such discharge, whether resulting from natural causes, maternal incapacity, violence, or disturbed nutrition, there should be no interference afterwards, except it be absolutely demanded. The theory that bacilli will invade a traumatic womb, and induce puerperal septicæmia, unless washed out with antiseptic washes, is by no means substantiated by experience. It is not easy to understand how even the smallest micrococci can steal into the womb with any great degree of ease when the cervix has contracted and there is a continual discharge which would be very likely to wash them away. So long as the lochial discharge continues freely for the first half a dozen days after parturition, there is no great danger of puerperal fever. For that reason I am in the habit of giving cimicifuga tincture for a week after a natural labor or abortion, with the hope of keeping up a free lochial discharge.

The cause of puerperal fever is not likely to be found in germs from external sources gaining access to the uterine cavity, but rather, *neurotic in nature*, the result of a quantity of retained material, meant for external discharge, finding its way into the blood. If a woman live after giving birth to a fetus and having undergone uterine irrigation, it does not follow that she would have died without it. With the very same propriety could we

say that if she had died without irrigation she would have lived with it.

Statistics do not show that puerperal fever is confined to any one class of people, or that it is more common among the poor than the wealthy. There are very few physicians of any experience who have not attended one or more colored women in confinement, and who, probably, were not particularly charmed by any special cleanliness of the apartments. Their beds and couches are often characteristic for their dirt and odor, and the bed-clothes may not have felt the purifying properties of water for years, possibly; and yet these women pass through their confinement with as low, if not lower, rate of mortality than those of better circumstances and surroundings. The reason, however, may not be because of the special prevalence of dirt, but, perhaps, because of their particular modes of life, which afford them greater resisting power and, consequently, greater immunity from disease. The question as to the best method of handling the traumatic womb is by no means a settled one; in fact, there can be no one rule laid down, for one case may present features altogether different from another, and will have to be treated on its own individual merits. If, however, I should be asked what was the principal thing to be done for the womb after labor, I should answer, *let it severely alone.*

An afterbirth, either after normal labor or abortion, may refuse to come away readily, and the physician naturally feels anxious for his patient; in that case, reasonable efforts should be made to remove it without injury to the delicate uterine surface, and use of the curette may be made, if it is not past the sixth month, when the placental forceps or finger will be better agents. The finger is the only *reliable* agent in removing an adherent placenta after full term labor, but is not nearly so valuable in the earlier months.

A placenta may remain in a womb for weeks or months, and do no special damage, and it is only when decomposition or hemorrhage follows its retention that particularly energetic means should be used to remove it. If intra-uterine injections are indicated at all after parturition, it is when decomposition or hemorrhage occurs. Even vaginal injections are contraindi-

cated, unless there exist bad odors or accumulations in the vagina that cannot escape of their own efforts. Bad smells are always to be looked after, whether coming from the vagina or elsewhere, for they are pronounced signals of danger. It must not be forgotten that nature always strives to secure and maintain a normal condition of body, and she should be given reasonable opportunity to accomplish her purpose. The lying-in-woman who has frequent vaginal injections after the parturient act will recover more slowly, other things being equal, than the one who has not had them. Indeed, the free use of water on any wounded, sore or abraded surface is intended to defeat nature's efforts to cure. The wise surgeon, after operations major or minor, does not direct the wound to be frequently washed, for fear of carrying away the lymph that may have been thrown out for the purpose of establishing a cure. As a protection to the tender surface of a puerperal womb nothing acts so efficaciously as the lymph and blood that exude from the open vessels, and the physician should be particularly careful not to wash it away.

As I have already said, there are times when uterine and vaginal injections are needed. Whenever that time occurs nothing can be gained by waiting for nature to accomplish that which she is loudly proclaiming she cannot do; give such injection as may be indicated and the results will be gratifying.

Among the very best washes for vaginal injections are boiled water, cooled sufficiently to be tolerated; permanganate of potassium, five to ten grains to the quart of water; chlorate of potassium, one-half to one drachm to quart of water; carbolic acid, one or two drops to quart of water; boracic acid, one-half to two drachms to a quart of water. The same agents may be used for uterine injections, but should not be nearly so strong. In giving either uterine or vaginal injections always use water that has been boiled.

ART. XVI.—The Treatment of Disease by the Inorganic Cell-salts.—By DR. THEO. HERMANN.

Although, no doubt, there is a considerable number of practitioners at work to investigate the merits of this comparatively

new system of therapeutics, very little has yet been published and brought to the knowledge of the profession at large.

Very likely it is the great divergence of this method from the highly scientific wags (the disciples of Esculapius are travelling) and its simplicity that prevent those who tested the astonishing power concealed in these common, innocent chemicals from giving their experience to publication.

The great success of the Eclectic school of medicine to not a small degree depends on the dogma, "Small doses of pleasant medicine for their direct effect;" and on the endeavor, by all means, from whatever source obtained, to bring the vital functions to the standard of health and keep them there. These aims are perfectly reached by the use of Schüssler's remedies—the smallest dose possible of a single remedy, entirely tasteless and of direct effect, without any possibility whatever to bring about unexpected or dangerous consequences, so often encountered by the use of powerful remedies, especially if the latter are prescribed in comparatively large doses or continued for a considerable time.

When I became acquainted with Schüssler's theory, about two years ago, I entirely doubted its truth, and only after having read his book over several times I concluded to give the treatment a trial. As there were many points of conformity in the indications for the same remedy in both the Eclectic and the bio-chemical (Schüssler's) system, I selected very defined cases, which showed the indications clearly—for instance, *sulphite of soda (sodium sulphate)**—and observed closely whether, if given in so exceedingly small doses, it would produce the same effect as if given in three to five grain doses (as is usually prescribed), and to my great surprise found my expectations verified. After repeated trials with the same remedy, I chose another one, *potassium chloride*, and proved the same truth. Afterwards I treated cases (which could be visited several times a day and the progress of treatment closely watched) exclusively with

* The chemical difference between sulphite of soda $\text{NaO},5\text{O}_2$ and soda sulphate (Glauber's salt) $\text{NaO},5\text{O}_2$ is in favor of the former, on account of containing one atom less of oxygen.

the tissue-salts, and the results obtained gave entire satisfaction both to the patients and myself. *Collegæ medicinæ artis*, particularly of the Eclectic school! Set aside all prejudices, give these simple remedies a careful trial, watch closely the effects, and report the results obtained from the use of them.

It is my opinion that by the introduction of the treatment of diseases by the inorganic cell-salts, as pointed out and advocated by Dr. Schüssler, there is a new way opened which possibly leads to the highest point of perfection in therapeutics and the medical art.

But this system is yet in its childhood, needs development and encouragement, and will doubtless meet with a great deal of prejudice, jealousy, and more or less ridicule, before it becomes mature and is accepted as part of the *Materia Medica*.

If it is desirable, and space is permitted, I will in one of the next numbers report a few cases treated bio-chemically.

ART. XVII.—*Lobelia Inflata*.—By H. REYNOLDS, M. D., LIVERMORE FALLS, MINN.

Lobelia inflata is a drug whose usefulness is not appreciated by the medical profession. Comparatively few practitioners make any use of it. Even those who use it restrict its administration within very narrow limits. An extensive use of this drug during the past fifteen years has convinced me that it is one of the most useful medicines we have. Its emetic properties are not its most important qualities. It is valuable as an emetic, and if properly administered is found to be one of the best emetic substances, although Prof. Robert Bartholow says of it: "As an *emetic*, lobelia is entirely too harsh and depressant to justify its use for the purpose." He also says: "The preparations of lobelia administered by the stomach produce, in considerable doses, a degree of nausea and depression which amounts to anguish." This distress often arises from the administration of larger doses than are necessary. Some persons are very susceptible to the action of lobelia, and only very small doses are required to produce emesis. It is always advisable to give a small dose at first—ten to fifteen drops of the tincture—observe its effects, and in fifteen minutes double the dose, and then in

fifteen minutes more double the dose again if necessary. Frequently less than a drachm will be sufficient to produce emesis. When nausea begins, it is well to administer an even teaspoonful of bicarbonate of soda dissolved in half a pint of water, which prevents vomiting.

Lobelia is a powerful relaxant of the motor nervous system. Bartholow says: "Lobelia affects chiefly the motor nervous system, and especially the medulla oblongata and its respiratory centre (nucleus of the pneumogastric)." Its use in spasmodic affections, cramps, and other forms of excessive action of the motor nerves is very satisfactory. To obtain its good effects in these cases it is not necessary to push it to its emetic effect. The production of slight nausea will usually secure the desired effect. The restlessness of children, especially when attended with feverishness, is readily controlled by small doses of the tincture of lobelia. Drop doses every half-hour, doubled or trebled if necessary, will usually secure the desired effect. The use of lobelia in asthmatic affections is quite generally recognized by the profession. Its good effects in these cases is due to its anti-spasmodic and relaxant properties.

In obstinate vomiting, lobelia in small doses, repeated every half-hour or every hour, will often prove effectual after other remedies have failed. Sometimes it proves more effectual in these cases, if administered in doses sufficient to produce free emesis. Cases of vomiting in which there is more or less fever are more likely to be relieved than those which are due to reflex action, such as cases of uterine irritation.

Lobelia seems to exert an effect upon the vaso-motor nerves, relieving the spasm of the arterioles and diminishing the blood pressure. In feverish conditions, its administration will be found to be attended with an increased circulation in the capillaries, a softening of the pulse and lowering of the temperature. It is a very useful medicine in the sthenic stages of fevers and inflammations. Small doses frequently repeated is the best method of administering it in these cases.

Although lobelia does not possess hypnotic qualities, yet indirectly it may be made to conduce to sleep. Sometimes restlessness causes wakefulness. Then lobelia in doses sufficient to

cause slight nausea will subdue the restlessness and produce sleep. It is often indicated in cases of children's diseases. Nausea produced by lobelia will often control pain, such as toothache and slight neuralgia, sufficiently to enable the patient to fall asleep. Even cases of uterine colic, which do not yield readily to opiates, may sometimes be subdued by the anti-spasmodic effect of lobelia. It is also useful in some cases of intestinal colic.

One point to which I particularly wish to call attention is the use of small doses of lobelia frequently repeated. I believe that this is one of the most important uses of this drug. The size of the dose should be regulated by the susceptibility of the patient. Some patients are as susceptible to drop doses as others are to ten-drop doses. Children are usually very susceptible to the influence of lobelia. Five drops of tinct. lobelia and one drop of tinct. aconite in half a cup of water, given in teaspoonful doses every half-hour to infants, will be found very useful in those feverish conditions attended with restlessness so common to such children. One drachm of the tinct. of lobelia with half a drachm of tinct. of aconite root in a glass (℥vi) of water, given in teaspoonful doses every twenty or thirty minutes, is a good febrifuge for adults. Many hesitate to use lobelia, believing it to be a dangerous drug. With proper precaution, I believe there is no potent drug in the *Materia Medica* which is less dangerous. In some cases the drug needs to be given freely in order to obtain the desired effect. Sidney Ringer, in his *Therapeutics*, declares that this drug must be given in large doses in order to obtain satisfactory results. He says: "Unless given in large doses—doses considered by many, without foundation, as poisonons—the remedy is inoperative. Many erroneously consider that lobelia is a highly poisonous and dangerous drug, which must be given with much caution and close watching." In the diseases (asthma and whooping-cough) in which Ringer recommends the use of lobelia, it is often necessary to push its action freely in order to obtain satisfactory results, but in many other affections very gratifying results are obtained from small doses frequently repeated.

ART. XVIII.—Minutes of the Sixteenth Annual Session of the Eclectic Medical Society of Missouri.

The session was held at St. Louis, Mo., October 7th and 8th, 1884; and the Association met in the rooms of the American Medical College pursuant to adjournment.

In the absence of the President and Vice-President, T. Hodge Jones, M. D., of Lamar, Mo., was elected to the chair *pro tem*. In the absence, also, of the Secretary, G. A. Rowe, M. D., of St. Louis, was appointed to fill the Secretary's chair.

The minutes of previous meetings were then read and adopted, following which the Board of Censors made a report.

A letter from the Secretary stated that he could not be present. He sent a statement of account of expenses to Association, \$5. Motion to accept statement made and passed.

The Report of Executive Committee was received.

The Report of the Corresponding Secretary, A. V. Thorp, M. D., was received in the form of a letter from C. R. Ammerman, M. D., requesting a list of the names and post-office addresses of the officers and members of the Association, to aid him in compiling a Medical and Surgical Directory of Missouri. Motion to accept report and furnish names, etc., to Dr. Ammerman was made by Dr. Younkin, and passed.

The Treasurer, E. Younkin, M. D., reported as follows:

Balance on hand at last Report.....	\$24	36
Received cash from R. L. Galbreath, Sec.....	23	75
Total Receipts.....	\$48	11

DISBURSEMENTS.

Paid Secretary for Stationery.....	\$ 4	65
To Geo. C. Pitzer, publishing Minutes.....	25	00
Balance in treasury to date.....	\$18	46

Moved and seconded that the Treasurer's Report be accepted. Carried.

Motion to adjourn till 2 P. M. Carried.

Oct. 7, 1884, 2 P. M.—Meeting called to order by President T. H. Jones at 2 P. M. sharp. Acting Secretary being absent, Dr. H. L. Henderson served till his appearance.

Prof. Pitzer exhibited a clinical case. Discussion followed, by Drs. Carter, Henderson, Palmer and others.

Prof. O. A. Palmer exhibited the ophthalmoscope, and demonstrated the use of it. A number of eye clinics were then presented, and methods of using the ophthalmoscope clearly presented.

Prof. E. Younkin presented a clinic with Varicose Veins, and gave the best methods of treatment.

Dr. N. M. Carter was called upon for his views on Medical Consultations. He responded in a way entirely satisfactory to the Association.

A motion was made to adjourn to 9 o'clock Wednesday morning, and that the first hour be devoted to discussing the best methods of securing a full attendance at the annual meetings. Carried.

Oct. 8, 1884—SECOND DAY'S PROCEEDINGS—

President Jones in the chair.

Prof. O. A. Palmer introduced a clinic-epileptic. Among the remedies suggested by him was potas. brom. Prof. Pitzer recommended bromides, iodides and cinchona comp. for the case.

The Association then proceeded to further discuss the special resolution with reference to securing a larger attendance at annual meetings.

Dr. Hamlin was in favor of having committees appointed for certain districts, and, if necessary, to appoint subcommittees.

Dr. Palmer thought a member in each county should be appointed, who would correspond with all other members in his county. He advised the members to have the proceedings of this meeting published, each in his county papers.

President Jones thought a member in each senatorial district was the proper thing.

Dr. Huddleston wanted to appoint a secretary and corresponding secretary in each county.

Dr. Hamlin offered the following resolution, which was adopted by the Association:

Resolved, That one member in each senatorial district in the State be appointed as *District Secretary*, to correspond with every Eclectic physician in his district, urging upon said Eclectic physicians the importance of sustaining and attending these meetings.

Adjourned, to meet at 2 P. M.

2 P. M.—President Jones in the chair.

Papers were called for, and Prof. G. A. Rowe responded with a paper entitled, "Where Should We Send our Consumptive Patients?"

Dr. C. W. Baker delivered an address on "Typhoid Fever." He thought carbolized ointment valuable in controlling bowels. Discussed by Drs. Rutledge, Rowe and others.

Prof. Palmer operated on clinic for pterygium. Prof. Younkin removed an enlarged submaxillary gland.

A resolution, by C. W. Baker, as follows:

Resolved, That the Secretary, with concurrence of the President of this Association, be instructed to appoint an Assistant Secretary in each senatorial district of the State, and that said Secretaries be instructed as to the number and post-office address of every Eclectic physician in said district, by the Secretary of this Association, as far as practicable. Adopted.

The Society next proceeded to the election of officers:

For President, Dr. O. W. Avery, of Queen City, Mo., was nominated by Dr. Merrell, and seconded by Dr. Hamlin. Unanimously elected.

Dr. E. J. Williamson, St. Louis, was elected Vice-President by unanimous vote.

Dr. M. M. Hamlin, Gray's Summit, Mo., was elected Secretary.

Dr. E. Younkin was reelected Treasurer.

Dr. Geo. C. Pitzer was reelected Corresponding and Foreign Secretary.

Drs. Rutledge and Merrell were appointed a committee to conduct President-Elect Avery to the chair.

Board of Censors: Drs. Merrell, Rutledge and Jones.

Executive Committee: Drs. Pitzer, Williamson and Palmer.

On motion, adjourned to again convene at call of officers. Carried.

G. A. ROWE, M. D., Secretary.

NOTE—In accordance with the resolution of Dr. C. W. Baker (see Minutes), I desire to have the name and P. O. address of every Eclectic physician in the State. Gentlemen, please send me a postal card at once, giving your P. O. address in full. Be sure to give county.

To aid your officers in the discharge of their duties, and to insure the continuation of the high standing already attained by Eclecticism in the State, it is very important to have this matter attended to at once. Address

Dr. M. M. HAMLIN,
Gray's Summit, Mo.

ART. XIX.—Alcohol.—By J. E. CALLAWAY, M. D.

Perusing my *Weekly Medical Review*, of Feb. 28, 1885, I find an editorial relating to alcohol as a *certain* (specific) remedy in "intermittent pulse." Alcohol may be a good remedy for this trouble, but, as the editor admits, "the remedy is likely to be used by the patient to excess—the habit will grow on the patient, and he will use it as a prophylactic," and thus "alcoholism" would be induced, and prove a more serious disease than an intermittent pulse. My experience teaches me that sulph. atropia, "administered hypodermically in doses from one-sixtieth to the one two-hundredth part of a grain, will relieve this trouble (intermittent pulse) in from two to five minutes," and the happy effect of this remedy is maintained much longer "than a 6 gr (6 dr.) dose of alcohol," and the administration of medicine hypodermically" is not likely to grow on the patient, as will alcohol. The sulph. atropia I find a most reliable remedy in a great many cases—in neuralgia, rheumatism, cramp colic, cholera morbus—in fact, under most any condition where we desire to relieve pain and the remedy is not contraindicated, this is *the* remedy. I usually associate the sulph. atropia with sulph. morphia, in doses ranging from one-eighth to one-half grain. This I do, not for the soporific effect of the latter remedy, but to prevent the atropia from causing nausea and vomiting. The most convenient mode to administer the dose is in the form of hypodermic tablets, as manufactured by John Wyeth & Bro., Phila., Pa. You will find them strictly reliable. There may be others as good, but I have not tried them. They answer a good purpose, too, administered per os, always dissolving them in a little very warm water before giving.

ART. XX.—Herpes.—By PROF. E. YOUNKIN, M. D.

The term *herpes* is employed to designate a class of distinct vesicles arranged in clusters or circles, situated on an inflamed base, the fluid contents of the vesicles drying, respectively, and forming dark brown crusts; each vesicle running through changes of increase, maturation and decline, terminating in from one to two weeks by absorption or dessication, either with or without rupture.

The development of the vesicles in some cases is attended with a considerable degree of local heat and pain, and not unfrequently with some constitutional disturbance.

The varieties of herpes are derived from the manner of their arrangement, and from the region of the body on which they are situated.

Their general character admits of but two groups—the *phlyctenoid* and the *circinnate*.

1. The *phlyctenoid group* has its vesicles arranged in an irregular form and its clusters are more or less distributed.

The word *phlyctenoid* is liable to lead to some confusion, as the ancient writers employed the words *bullæ* and *phlyctena* as synonymous terms. To avoid the error, in this instance, it is enough to be apprized of its existence. The old denomination of *miliaris*, so far as the size of the vesicles is concerned, would certainly have been more preferable.

Under this group may be arranged all the localized forms, as *herpes labialis*, *herpes palpebralis*, *herpes nasalis*, *herpes auricularis*, *herpes præputialis* and *herpes pudendalis*, the terms of which are indicative of the locality. Like other forms of skin eruptions, the nomenclature of herpes is exceedingly arbitrary. Scarcely any two dermatologists seem to agree on classification. The practical common-sense view is to be preferred.

Herpes labialis can scarcely be confounded with any other affection of the lips. There is a slight degree of local heat, followed by a feeling of tension and burning, accompanied by a cluster of vesicles. The vesicles commonly form a sort of irregular patch, the circumference of which extends unequally towards the chin, cheek, or alæ of the nose. The fluid contained in the vesicles is transparent at first, but becomes turbid in the

course of twenty-four hours, and finally merges into a puriform aspect, and, drying, forms a dark crust. The scabs are commonly loosened about the twelfth day, and, falling off, leave a trifling red mark for some days after. If the scabs are picked off before they are completely dry, the vesicles are reproduced, and the detachment is longer in taking place.

Herpes labialis may be produced during a single night by the impression of cold occasioned by passing from a high temperature into a cold and damp air.

This complaint often appears at the crisis of a catarrh, a coryza, an angina, or a pneumonia; more frequently still does it follow an attack of intermittent fever, and is regarded as a favorable augury in such cases.

The disease may appear in the cavity of the mouth on the arch of the palate, mucous membrane of the lips, and on the true skin at the commissures of the mouth.

When situated in the mouth or about the throat, it may be accompanied with difficulty of swallowing, pains in the epigastrium, eructations and nausea.

This affection of the skin, though painful and annoying, is of itself free from danger. Where the vesicles are numerous and confluent, and the pain, heat and swelling are considerable, a soothing lotion will afford relief. I have found the following to be sufficient: *R.* Carbolic acid, gtt. x.; glycerine, ℥iij. *M.* A pinch of absorbent cotton to be moistened and laid on the parts.

To hasten the dessication of the vesicles, if they be pricked with a fine needle on their first appearance, and the fluid they contain be squeezed out, they will be arrested in their progress, and the above lotion applied, they will scarcely show any scab.

Vesicles of a kind similar to those of herpes labialis are occasionally developed about the meatus and alæ of the nose (*herpes nasalis*), on the upper eyelid (*herpes palpebralis*), and on the concha of the ear (*herpes auricularis*). These are all characterized by clusters of globular and transparent vesicles, as large as millet seeds, appearing in variable numbers upon red patches usually of a circular form.

Herpes præputialis.—Herpes is known to present on the outer

and inner surface of the prepuce, occasionally on both surfaces at the same time. The disease begins in patches of vesicles, and is attended with heat, redness, itching and burning. The vesicles augment, and on the third or fourth day the fluid becomes turbid and acquires a puriform appearance. When the vesicles appear on the inside of the prepuce, the epithelial layer of skin becomes detached through the moisture, and a superficial sore is established which is sometimes mistaken for a syphilitic ulcer.

Herpes præputialis is not a contagious complaint, but the continual excitement to which the organs of generation are exposed, and the contact of fluids secreted by the vagina and uterus affected with chronic inflammation, are, of all the causes assigned for the production of the disease, those whose influence appears to be most fully established, and thus the complaint may be reproduced again and again in the same individual, and recurring repeatedly, at intervals so closely together as to present all the characteristics of a chronic affection, we will often find a chronic inflammation of the urethra existing at the same time. This is a disease of no great severity. When situated on the true skin, it should be protected from irritation of the clothing and it will get well of itself. When on the mucous membrane of the prepuce, irritating lotions and agents that prevent the scabs will retard the cure. I knew of a case in the care of a specialist in which the healing was retarded for six weeks by irritating applications, the case becoming so grave that the wife mistook it for a venereal sore and separated from her husband.

A lotion of permanganate of potash, gr. iv, to water ℥iij, cured it in three days, and also restored the domestic felicity. On the inside of the prepuce there should be a little lint or absorbent cotton introduced to separate the mucous membrane from the glands, and a little cold water, or wash of acetas plumbi, is sufficient.

2. The *circinnate group* is remarkable for the circular arrangement of its vesicles. This group embraces *herpes serpigo*, *herpes zoster*, and *herpes iris*.

Herpes serpigo is the herpes circinnatus of some authors. It is more commonly called *ringworm*. It consists of an eruption

of closely crowded vesicles arranged in the form of rings or circular bands. Beginning at a certain point the circumference widens, and the skin is left natural within the circle. The vessels are situated upon an inflamed base of greater or lesser intensity. This form is never accompanied with any functional derangement. Several children in the same family are frequently attacked with it at the same time, which circumstance has led to the conclusion that it is propagated from one to the other. It is now understood to be of parasitical origin. The disease is so commonly known that it needs no further description.

The treatment is simple. The tincture muriate of iron effectually applied and repeated for a few times will eradicate the disease. In a large extent of surface the tincture of iron may be diluted with water and applied by compresses. Glycerine should not be substituted for the water, as it prevents the absorption of the drug. If upon an adult and the skin is thick, tincture mur. of iron should not only be used full strength, but made stronger by a few drops of nitric acid, and painted on the circle with a hair pencil. The oleate of copper may also be employed as a topical application. Washes of sulphate of zinc, borax and alum are also recommended.

Herpes zoster, zona or *shingles*, is another form, and is so called because it usually attacks one side of the body in the shape of a semicircular belt, formed by clusters of agglomerated vesicles, which by their running together form large vesicles resembling bullæ. The disease begins on some point of the medial line and proceeds outwardly around the body, forming either a half or complete girdle. The patches or groups of vesicles which form the girdle become florid at their bases; and the fluid within the vesicles, first transparent, changes from day to day to an opalescent appearance, and is finally changed into pus. The attack lasts from eight days to three weeks.

The general symptoms of zona are fever, thirst, headache, pains in the limbs and rigors, nausea and sometimes vomiting. The treatment should be directed to the protection of the vesicles. The vesicles should not be rudely broken, but if care be taken to puncture each vesicle early, so as to allow the free escape of the fluid, the pain is much diminished and the irritation sooner subsides.

The eruption of shingles cannot be checked by any medicine, and hence we are to use such agents as will mitigate pain and allay irritation.

Herpes iris is distinguished by small groups of vesicles, surrounded by four concentric erythematous rings of different shades of color. This form of herpes occurs most frequently on the backs of the hands, on the instep, olecranon, ankles and similar parts. The vesicle in the centre of the concentric rings appears flattened and is surrounded by smaller vesicles. The first circle is of brown color, the second circle a deeper red, and the third and fourth circles present a rosy hue melting insensibly into the color of the healthy skin. Herpes iris gets well spontaneously in the course of one or two weeks. Its period may be shortened by touching the vesicles slightly with nitrate of silver. The diet should be light and the drinks cooling—soups, milk, barley-water and lemonade.

ABSTRACTS.

Remarks on Apoplectic Attacks.—BY PHILIP ZENNER, M. D., CINCINNATI.

By apoplectic attack is understood a sudden complete or partial loss of consciousness, which is usually attended by paralytic manifestations. Sudden paralyses, without affection of consciousness, belong to the same category of symptoms, and are included here.

The causes of apoplectic attacks may, practically, be reduced to two, the rupture and the occlusion of blood vessels, or cerebral hemorrhage, and cerebral embolism or thrombosis.

Thanks to the researches of Charcot and Bouchard, cerebral hemorrhage is usually due to the presence of miliary aneurisms. There may be very few, or a large number, even hundreds of them, may be found in an individual case. They occur most frequently in the arteries supplying the corpora striata, and optic thalami, the localities where hemorrhage is most common. It was at one time thought that they were due to atheromatous changes in the arteries. But they are in reality due to a peri-

arteritis (atheromatous changes are due to endarteritis). Atheromatous disease of the vessels is probably a factor in the production of hemorrhage only in a secondary manner, as is also true of cardiac hypertrophy, that is by increasing the blood pressure in the arteries, and thereby increasing the danger of rupture of aneurisms.

Cerebral embolism is usually due to valvular disease of the heart, and atheroma of the aorta, or large vessels at base of brain. Thrombosis is caused by atheroma of the cerebral vessels, or, less frequently, by the arteritis obliterans of syphilis. Embolism occurs most frequently in the left sylvian artery. Thrombosis, as it may occur in any diseased vessels, is found in various parts of the brain.

Embolism may occur at any age. Thrombosis, except when due to syphilitic changes, occurs chiefly in advanced life. The same is true of cerebral hemorrhage; for atheromatous disease of vessels as well as aneurisms is seldom found before forty years of age, and from that time occurs with increasing frequency with advancing age. Thrombosis doubtless occurs much more frequently than hemorrhage, for atheroma in the vessels is much more common than miliary aneurisms.

The symptoms produced by hemorrhage, embolism and thrombosis are so nearly alike that it is only by the consideration of other conditions, causes, etc., that an exact diagnosis can occasionally be made during life. Apoplectic attacks, when well marked, are so similar in their manifestations that it has been supposed that the lesion occurs almost always in the same part of the brain. But, in such cases, lesions in different parts of the brain will produce the same symptoms, for there is in their production a factor more important than locality, which we will learn in studying the immediate causes of the apoplectic attacks. We are indebted to Wernicke for the clearest, and, probably, correct explanation of these symptoms.

The brain substance is soft and normally under a very slight pressure, that equal to a column of water 10 millimetres in height. The blood pressure in the arteries of the brain, though differing, according to size and locality of vessel, may be said to equal that of a column of mercury 150 millimetres in height.

When a vessel ruptures, this entire pressure may be suddenly brought to bear on the brain substance. On account of the yielding character of the latter, the effects of this sudden increase of pressure—of this blow, as it were—are conveyed to various parts of the brain, and thus deprive them of their functions.

In case of sudden occlusion of a large vessel a similar effect is produced; but here it is due to a sudden negative pressure, instead of the sudden increase of pressure which occurs with hemorrhage.

The intensity of symptoms is dependent on the force of the blow, the latter depending on the size and rapidity of the hemorrhage, or the size of the occluded vessel.

Usually there is loss of consciousness; but, if the case does not terminate fatally, consciousness is restored, for there was only a transient injury of the larger part of the brain.

The result is different in cases of slowly developing coma. In such instances there is a slow hemorrhage, which does not set in with sufficient force to produce immediate symptoms in the manner above described, and only produces coma when the whole brain is compressed by a large effusion of blood. It is for this reason that slowly developing coma is so indicative of a fatal termination.

What has been said of the affection of consciousness is also true of other symptoms of apoplectic attacks.—*Cin. Lancet and Clinic.*

Iodoform in the Treatment of Goitre.

My subject, in these brief remarks, is not to give the different modes of treatment for the various forms of bronchocele, but to detail a line of treatment in which I have met with remarkable success in the last four or five years.

The most common variety of bronchocele met with is a simple hypertrophy of the thyroid gland, either one or both lobes; and it is in these cases, whether they be acute or chronic, that this treatment is especially applicable.

CASE I. A married lady, aged sixty, applied to me for the relief of a "swelling" of four years' duration, on the right side

of her neck. Examination showed it to be a bronchocele involving the right wing of the thyroid gland.

CASE 2 was a young lady, sixteen years old, who had a goitre of two years' duration, involving the right wing and isthmus.

CASE 3. Mrs. B., aged thirty-five, consulted me in the summer of 1882, giving the following history: About three years previous she had noticed a slight enlargement on the left side of her neck, which grew in about six months to the size of an ordinary walnut, and occasioned no serious inconvenience. It remained this size for about two years, when it began to slowly increase, and three months before I saw her began to grow very rapidly, so that by the time she came to me it extended from the median line of the neck to a point beyond the outer border of the sterno-cleido-mastoid muscle, and projected at least two inches, occasioning so much dyspnœa as to prevent her lying down—very tender to the touch, and presenting considerable dysphagia. She had been advised to have an operation for its removal.

CASE 4. A young lady, school teacher. In this case the goitre was of recent date, having existed only about six months, and involved only the isthmus.

CASE 5. A married lady, the mother of a large family. This goitre involved both wings of the isthmus, and was of six years' duration, during which time it had grown slowly but steadily, at times becoming exceedingly painful; and during the last year her sleep had to be taken while sitting in an easy-chair. There was considerable dysphagia.

Treatment.—These cases were treated uniformly, except as regards the first. In that case the local treatment only was used; for, notwithstanding her age and manner of living, her general health was very good. This is not usually the case, for goitre is generally found in anemic subjects, especially if it be of long standing. The local application consists in applying twice a day with a camel-hair brush, over the whole extent of the swelling, a ten per cent. solution of iodoform in collodion. In a few days, after the coating begins to detach itself, the skin becomes very tender, when the application will have to be discontinued for a time. After this there is usually no more tenderness. In Case 1 the treatment effected a permanent cure in two months.

In the other cases I gave internally, three times a day, in addition to the local treatment mentioned, a pill containing three grains of iodoform and one grain of iron by hydrogen. This frequently, if continued for several weeks, produces slight nausea, which necessitates the discontinuance of the medicine for a day or two at a time.

The improvement, as a rule, evidenced by diminution in the size of the goitre, commences in about three weeks, and after that is steady. In Case 2, the patient being very anemic, treatment was not discontinued for four months.

In Case 3 the improvement was very marked. The tenderness was entirely gone by the end of the first week, and the swelling considerably diminished by the end of the third. At the end of the third month the goitre had entirely disappeared, and the treatment was discontinued.

In Case 4, the goitre being very small and recent, the improvement was very rapid, the patient being discharged as entirely well at the end of the sixth week.

Case 5 was under treatment for a longer time than any of the preceding ones, being under constant medical supervision for six months; but at the end of that time was entirely free from any appearance of goitre.

These are typical cases of those we most frequently meet with, occurring both in young adult life and in old age. In none of them has there been the slightest return either of the goitre or of tenderness of the parts. The treatment, while very simple, is very effectual, and promises a very sure means of relief from an affection which seems to be rather on the increase, and certainly deserves a thorough trial in each case, before resort is had to any operative procedure.—DR. C. E. BEAN, in *N. W. Lancet*.

Concentrated Foods.

Medical men are now recognizing the value of malt extracts as foods in cases of deficient assimilation. That their use is extending may be taken for granted by the number of exhibitors of concentrated foods in the exhibition at South Kensington last year. Important improvements have recently been

made in the manufacture of malt extracts, which are now prescribed in a variety of forms. One of the most effective combinations in dyspepsia, cholera infantum, and all diseases resulting from imperfect nutrition is Maltine with pepsine and pancreatine, containing, as it does, three of the all-important digestive agents, diastase being one of the constituents of Maltine. Dyspepsia, in most cases, will be found to yield to the medicinal properties of this combination, while the system is invigorated by its nutritive qualities. It will be found a useful remedy also for constipation and chronic diarrhoea resulting from mal-nutrition. Not only is Maltine of itself of great value in certain cases, but it may be combined with the most valuable alternatives known—such as iodides, bromides, and chlorides, and is found to be a remedy of high value in all depraved conditions of the blood. The Maltine manufactured by the Maltine Manufacturing Company, of New York, bears a high name, and this has been still further emphasized by the award of the Gold Medal of the Health Exhibition, London, for their malt extract known as Maltine (malted wheat, barley and oats), the only preparation composed of these three cereals. Prof. Charles R. C. Tichborne, after the examination of the principal unfermented extracts of malt in the market, finds that Maltine is the richest in two of the most important ingredients of these foods—the phosphates or bone-formers, and that peculiar farinaceous digestive agent called diastase. Maltine may be said to consist of about eighty per cent. of pure food in its most concentrated and assimilable form. This eighty per cent. may be divided as follows: five and a half per cent. of flesh-formers; seven per cent. of heat-givers; two per cent. of bone-formers; add to this the diastase, which imparts to it the curious power of digesting all farinaceous food outside itself, and we have in Maltine a most valuable adjunct to our invalid diet. In respect to the diastase, Maltine seems remarkably energetic, and at the temperature of the human body one part liquefied “twenty parts of starch in two minutes,” and had completely changed or digested that body in about an hour. Maltine possesses all the characteristics of a cereal extract as prepared from the grain, and there can be no question about the genuineness of this pre-

paration. It is only necessary to consult any work upon dietetics to see that there is considerable difference in the composition of the various grain crops. By combining these three important substances—barley, oats, and wheat—a food is obtained which represents the average composition of the three cereals, and that food already digested for use, a condition of immense value to the physician in those special cases where the digestive functions are impaired.—Leicester & London, Jan. 1st, 1885.—*Midland Medical Journal*.

Sodium Salicylate in Neuralgic Headache.

Since the publication in these columns of a translation of the experience of Dr. Delczersky with salicylate of sodium in neuralgic headache (*National Druggist*, Vol. 5, page 180); I have had the opportunity of testing the remedy in a number of cases, three of which might be termed typical—or rather crucial—the latter word expressing not only the nature of the test, but the sufferings of the patients as well. A history of one of them will suffice for the balance. The patient, aged thirty-nine years, married, and the mother of four children resident at Mobile, had been subject to severe neuralgic headaches for fifteen years past, Coming on at first about once a month, these headaches gradually grew more frequent and severe, until at last she spent more than half her time in bed, her sufferings being described by herself and the attendant physician, Dr. Owen, of Mobile, as something dreadful to contemplate. Every remedy ever suggested for the relief of neuralgia and headache was tried, almost without effect. After reading Delczersky's article (in the *Mediz. Obozrenyi*), I determined to try sodium salicylate, and sent her by mail the following prescription: Sodium salicylate, 2 drachms; divide into 16 capsules, of which let the patient take 2 when threatened with an attack, and repeat the dose every half hour, until the pain is relieved, or four doses are taken. Two weeks later the patient wrote me: "How can I thank you sufficiently for that prescription? The day that it arrived I was in bed with one of my dreadful attacks. I had the medicine prepared and commenced taking it. With the second dose I felt great relief, and by the time I had taken the third all pain had

ceased. Since then the trouble has threatened to return several times, but a couple of capsules averted it in each instance." Two months later she writes: "That remedy has cured my headaches. I have taken, as you directed, 2 capsules every morning, and there has been absolutely no return of my headaches. Once or twice, when I have been very tired, there was an uneasy feeling about the head, but a couple of capsules removed it. I have gained thirty pounds—all the flesh which I had lost, and am in perfect health."

The other cases were similar to this in every respect, and I think that the profession may safely rely on sodium salicylate as being "almost a specific" in this most distressing and, hitherto, intractable of maladies.

The salicylate may be given in solution or dry, inclosed in capsules. The dose for an adult should not be less than 15 grains, repeated every half hour until 60 grains are taken, unless sooner relieved. In cases where the disease is of long standing, it is well to have the remedy continued in daily doses of not less than 15 grains, which should be taken in the morning or on an empty stomach. Of course due attention must be paid to the bowels. Where there is habitual constipation—which will be in three-fourths of the cases where the patients are women—aloïn will be found invaluable. Podophyllin will also be found to act admirably, especially where there is malarial taint. Where the disease is undoubtedly of malarial origin, occasional resort should be had to mild chloride of mercury.—*National Druggist*.

Abortion.

Dr. Edward Warren (Chicago Gynecological Society) says: As to the treatment of abortion, the two distinct courses—the radical method of evacuating the uterus immediately, and the plan of waiting patiently—had each in turn been advocated and opposed. He himself had followed the expectant method; he had waited as long as a week for Nature to complete the expulsion of the ovum, and he had never seen any untoward consequences from it. He enjoined absolute rest in the horizontal posture, and gave quinine and alcohol as they were required. Apart from the vaginal tampon, he used no local treatment

further than vaginal injections of liquor sodæ chlorinatæ. He objected to the removal of the whole or any part of the product of conception from the uterus; because (1) it was painful, involved the use of an anæsthetic, and predisposed to hemorrhage from uterine inertia; (2) an assistant was necessary; (3) the amount of unavoidable injury to the genital tract was considerable.

Dr. W. W. Jaggard said: In regard to the treatment of inevitable abortion, when the ovum was expelled in an intact or mutilated condition, and the desidua or portions of the fœtal membranes remained within the uterine cavity, it was necessary to regard the natural history of the condition, which had been appropriately termed by Breslau "incomplete abortion." Its terminations were, briefly, as follows: (1.) Spontaneous elimination of the retained portions, as the result of retrograde metamorphoses, accompanied by intermittent hemorrhages and uterine contractions. (2.) Sometimes, although seldom, the hemorrhage ceased entirely, and the patient was apparently well, but, after an interval varying from a few days to weeks or months, pain and hemorrhage suddenly came on, and the mass was expelled. This retention, with a long interval of rest, was noticed when the placental or decidual attachments were intact. (3.) More frequently the retained decidua or placenta underwent suppurative or ichorous changes, and there was danger of systemic infection, in spite of the thrombosis of the uterine sinuses and the proliferative change in the uterine mucosa. (4.) The retained mass became converted into placental or fibrinous polypi, always requiring operative interference.

Each of these four terminations involved danger to the mother. Their natural history (for the elucidation of which Spiegelberg was entitled to special recognition) made in favor of the so-called radical treatment, evacuation of the uterus at the earliest possible period. The plan recommended by Dr. Mundé, in the *American Journal of Obstetrics* for Feb., 1883, was worthy of high commendation. The use of one finger within the uterus and one hand placed over the fundus was preferable to that of instruments when it was equally effective. The subsequent treatment was of extreme importance. Whenever the cavity of the uterus was invaded by the finger, or any instrument, it should be irrigated with some antiseptic solution.

Dr. William H. Byford said that the treatment must be governed by a consideration of the individual case. In any case the patient must be carefully watched. He had never seen the hemorrhage of abortion prove immediately fatal; the acute anæmia, however, might induce a condition that would render the woman more susceptible to sepsis or any intercurrent disease. He feared sepsis and metro-peritonitis more than hemorrhage. He was conservative as to operative interference, and would let Nature do what she could, interfering only in case of her failure. The finger was preferable to any instrument, and it was not necessary to insist upon the removal of the placenta or the membranes with mathematical accuracy; if the placenta was grasped by an irregularly contracted uterus, the free portion might be cut off, and the rest allowed to remain. If two-thirds of the placenta were removed, and the uterus was well contracted, the patient was to be considered in a safe condition. In the event of sepsis, the whole intra-uterine mass should be removed.

Dr. John Bartlett said: When abortion was inevitable, two conditions were requisite to justify interference. (1.) Dilatation of the canal of the cervix to the extent necessary for the passage of two fingers. (2.) More or less complete separation of the decidua from the uterine surface. Until these conditions were present, the vagina ought not to be tamponed. He had seen two cases of retention of the placenta—for three months in one and four months in the other—without symptoms.—*N. Y. Med. Journal.*

Diabetes.

Dr. Austin Flint, Jr., adds four more cases of diabetes to the fifty-four reported to the American Medical Association. The patients were placed on strict anti-diabetic diet, and Clemen's solution of arsenite of bromine, beginning with three drops, increased to five, was also given. Of these four cases, three were permanently relieved. In conclusion, he adds: "Diabetes has become to-day a disease easily and certainly curable, provided that the treatment be not begun too late."

The following is his diet table:

BREAKFAST—Oysters stewed, without milk or flour; clams

stewed, without milk or flour. Beefsteak, beefsteak with fried onions, broiled chicken, mutton or lamb chops; kidneys, broiled, stewed, or deviled; tripe, pigs' feet, game, ham, bacon, deviled turkey or chicken, sausage, corn-beef hash without potato, minced beef, turkey, chicken, or game, with poached eggs.

All kinds of fish, fish-roe, fish-balls, without potato.

Eggs cooked in any way except with flour or sugar, scrambled eggs with chipped smoked beef, pickled salt cod-fish with eggs, omelets, plain, or with hams; with smoked beef, kidneys, asparagus points, fine herbs, parsley, truffles or mushrooms.

Radishes, cucumbers, water-cresses, butter, pot-cheese.

Tea or coffee, with a little cream and no sugar. (Glycerine may be used instead of sugar if desired.)

Light red wine, for those who are in the habit of taking wine for breakfast.

LUNCH OR TEA—Oysters or clams, cooked in any way except with flour or milk; chicken, lobster or any kind of salad except potato; fish of all kinds, chops, steaks, ham, tongue, eggs, crabs, or any kind of meat, head-cheese.

Red wine, dry sherry, or Bass' ale.

DINNER—Raw oysters, raw clams.

Soups—Consomme of beef, of veal, of chicken, or of turtle; consomme with asparagus points; consomme with okra; oxtail, turtle, terrapin, oyster or clam, without flour or milk; chowder, without milk or potatoes; mock turtle, mullagatawny, tomato, gumbo *filet*.

Fish, etc. — All kinds of fish, lobsters, oysters, clams, terrapin, shrimps, craw-fish, hard-shell crabs, soft-shell crabs. (No sauces containing flour or milk.)

Relishes—Pickles, radishes, celery, sardines, anchovies, olives.

Meats—All kinds of meat, cooked in any way except with flour; all kinds of poultry, without dressings containing bread or flour; calf's head, kidneys, sweet-breads, lamb-fries, ham, tongue; all kinds of game, veal, fowl, sweet-breads, etc., with currie, but not thickened with flour. (*No liver.*)

Vegetables — Truffles, lettuce, romaine, chicory, endive, cucumbers, spinach, sorrel, beet-tops, cauliflower, cabbage, Brussels-sprouts, dandelions, tomatoes, radishes, oyster-plant,

celery, onions, string-beans, water-cresses, asparagus, *artichauts*, Jerusalem artichokes, parsley, mushrooms, all kinds of herbs.

Substitutes for Sweets—Peaches preserved in brandy without sugar, wine jelly without sugar, *gelee au kirsch* without sugar, *omelette au rhum* without sugar, *omelette a la vanille* without sugar, *gelee au rhum* without sugar, *gelee au cafe* without sugar.

Miscellaneous—Butter, cheese of all kinds; eggs cooked in all ways, except with flour or sugar; sauces without sugar, milk or flour.

Almonds, hazel-nuts, walnuts, cocoanuts.

Tea or coffee, with a little cream and without sugar. (Glycerine may be used instead of sugar, if desired.)

Moderately palatable ice-creams and wine-jellies may be made, sweetened with pure glycerine; but although these may be quite satisfactory for a time, they soon become distasteful.—*Columbus Med. Jour.*

A New Mode of Using an Old Remedy—Chloroform Water.

Saturated chloroform water is not only an excellent and handy excipient for many medicines, but it possesses also valuable analgesic properties. It is a stable preparation, and the savor is especially agreeable, sweetish, and, when diluted one-half, devoid of all piquancy and acidity; it makes a good combination with nearly all medicines which it is desirable to administer in a liquid menstruum, disguising the insipid or unpleasant taste of many of them; it markedly enhances the sedative and anodyne properties of analgesic and narcotic remedies. Lasègue especially recommends chloroform water as a suitable vehicle for the administration of morphine, in union with which it forms one of the best palliative cough medicines, as is generally acknowledged, in advanced phthisis. Probably no better excipient for the salts of iron can be found.

The mode of preparation is very simple. Into a flask two-thirds full of pure water pour an excess of chloroform; agitate well the mixture several times for the space of an hour, and allow the chloroform to deposit itself on the bottom of the flask.

Decant or syphon off the clear supernatant liquid. The solution should be perfectly transparent, containing a little less than one per cent. of chloroform. For internal administration it is generally desirable to dilute this saturated solution with an equal quantity of water, the dose of the dilute aqua chloroformi being about a dessertspoonful.

Lasègue has shown the unreliability of alcohol as a solvent for chloroform, and the difficulty of making a good preparation of chloroform water from the officinal spirit solutions. Nor are the emulsions free from a certain irritant effect and even causticity, felt for some time in the stomach after the ingestion, sometimes manifesting itself as acute pain.

Among the therapeutic advantages of chloroform water is one on which Lasègue and Beurmann much insist, namely its use as an analgesic in painful stomach affections, whether these proceed from indigestion or from organic disease. In the pains of indigestion it is almost without a rival, speedily mitigating the functional distress by its marvelous topical sedative action. In the painful intestinal disorder often accompanying the completion of digestion it is of no utility. Beurmann has had favorable experience with its employment in allaying the acute suffering and nausea, which attend dilatation of the stomach, especially during the digestion of food. He also strongly recommends it in cases of gastralgia, and here he is seconded by Dujardin-Beaumetz, who introduces the diluted chloroform water by the stomach-tube, performing "lavage" with the solution, his formula being two teaspoonfuls of saturated aqua chloroformi to the quart of liquid. This preparation he regards as both calmative and antiseptic, and the washing process is, above all, indicated in gastric dilatation. Lasègue also finds advantage from chloroform water in the pains and nausea which accompany cancer of the stomach.

From the list of formulæ given by Beurmann we select the following:

R. Sat. chloroform water, 13 parts, peppermint water, 3 parts; water, 12 parts. M. Dose, a teaspoonful for a calmative stomach potion. Good in nervous vomiting and vomiting of pregnancy.

R. Saturated chloroform water, 3 parts; syrup of orange, 3 parts; solution of morph. sulph., 1 part. M. Dose, one or two teaspoonfuls. The above is a useful form for the administration of morphine.

R. Hydrate of chloral, 1 part; syrup aurantii cort., 25 parts; sat. chloroform water, 50 parts. M. Dose, a tablespoonful. The acrid taste of chloroform is much modified when administered as above.

R. Sat. chloroform water, peppermint water, $\bar{a}\bar{a}$ 50 parts; syrup of poppies, 30 parts; bromide of potassium, 1 part. M. This preparation, in teaspoonful doses, is exceedingly valuable in the therapeutics of infancy.

The following is called by Dr. Beurmann the "salicylate potion": R. Salicylate of sodium, 8 parts; syrup, 30 parts; peppermint water, 20 parts; dilute chloroform water, 100 parts.

The disagreeable taste of salicylate of sodium is almost completely disguised in this mixture.

The above formulæ are examples of the therapeutic range of this medicament. They can be varied at pleasure by the practitioner to meet special indications.—*Boston Med. and Surg. Journal*.

Osmic Acid in Sciatica.

The success which has in some instances attended the treatment of sciatica by parenchymatous injections of chloroform and of ether has led Mr. Merces to try similar injections of osmic acid, with results which are described by him, in the London *Lancet*, as "simply marvellous." He uses a one per cent. solution of the acid, and carrying the needle deeply into the integument, along the course of the nerve, he injects from 3 to 5 drops "about midway between the major trochanter and the tuber ischii. A slight numbness follows the injection." Relief was given in sixty-six per cent. of the cases treated. Osmic acid, osmium tetroxide, or osmic anhydride, is found in commerce in the shape of colorless, transparent crystals, which melt at about 100° F. Being volatile, highly poisonous, and having an intolerably pungent, foetid odor, it is put up in sealed glass tubes, each holding about 15½ grains of the crystals. It is used

in microscopy as a stain for differentiating protoplasmic and fatty matters, turning the first a dark gray, and the latter black. In making the solution it should be handled with great care. The plan adopted by me is to put the tube, thoroughly cleaned externally, into a strong bottle containing the requisite amount of water (for a one per cent. solution, 1,543 grains), and cork the bottle. A slight blow or agitation of the bottle breaks the tube, and the acid being thus brought into contact with the water is dissolved without having a chance to give off a particle of odor. The broken glass falls to the bottom, out of the way. The solution should be kept well corked or stoppered, and away from the light.—*National Druggist.*

Twins Born Four Days Apart.

Dr. James Douglas, of Morristown, N. J., writes: "A very unusual occurrence in the birth of twins has happened lately in my practice, one of the twins, a girl, being born at half-past nine on Friday night, January 2, 1885 (breech presentation), and the other, a boy, on the following Tuesday afternoon at twenty minutes to three (head presentation), a difference of three days, seventeen hours and ten minutes. They are eight months children, the girl weighing four and one half pounds, the boy six pounds. There was only one placenta. The mother is a healthy young woman twenty-two years of age."—*Medical Record*, Feb. 14, 1885.

Labor in a Girl aged Eleven Years and Nine Months.

February 2, 1882, Dr. T. H. Stallcup delivered a girl only eleven years and nine months old of a child that was asphyxiated when born, but was revived by the use of tepid baths, blowing in the mouth, etc. The child, a girl, weighed little less than seven pounds. She only lived a few hours. There was a bruise upon the side of the head and face, which it was claimed was caused by the mother's slipping off a gallery which was frozen over, and striking her side upon the ends of the planks. The young mother recovered. Dr. Stallcup reported the case at the 1884 meeting of the Texas State Medical Society.—*Weekly Med. Review.*

EDITORIAL.

Our Distinguished Patient—General Grant.

General Grant is a good man, in his place, but he is just as liable to be humbugged in matters of a medical character as other American people. For weeks past his attending physicians have had the people, all over this country, held in painful suspense over the General's condition, and the morning papers have been eagerly sought and obituary notices hastily looked for. But General Grant still lives, and, as we have all along thought, he is very likely to live for some time to come yet. We only hope he may completely recover and live to see and realize that medical men are fallible beings, and that even his very pretentious attending physicians do not know everything. Honestly, we doubt very much whether they know what ails General Grant or not. It is very evident that they have been wonderfully mistaken in prognosis, one of the biggest cards in regular humbuggery. Why don't these prominent physicians of such an important case, in the most popular man in the world, tell us what they are doing for their patient? They talk about a cancer, a fatal malady, and how General Grant behaves, and the papers tell about the fine carriages the physicians ride in, and how they are attended by liveried servants, etc., but the details of the treatment are not published. The attendants must be either ashamed to publish their treatment, or else they are employing some proprietary cancer remedy that they expect to make capital of. How is this? Why, it is just as likely that General Grant will be cured of some benign disease having the appearance of cancer, by the employment of some quack nostrum by these men, as for President Garfield's principal medical man to be the chief of cundurango fame. Certainly, and nobody need whine or complain, for there is no accounting for the tricks of the profession.

Here comes Dr. Shrady, under date of April 18th, in the *Medical Record*, and hear what he says:

"General Grant's Condition.—During the past week General Grant has suffered considerable irritation about his throat, and the secretion of mucus has, for the time being, been increased. On two or three occasions he has had attacks of choking, which depended as much on reflex spasm as upon the temporary accumulation of phlegm in the larynx. At no time has he been in imminent danger of suffocation. The local disease has made no progress, except to a slight extent along the free border of the right side of the velum. The sloughy exudation in the vault of the pharynx is beginning to disintegrate, and portions have been discharged, exposing a characteristic fungoid granular surface underneath. The chances of the mass, in its separation from the throat surface, temporarily obstructing the larynx, have thus been removed. In consequence of this change also the local condition has greatly improved.

"The glandular swelling has not perceptibly increased, although the surrounding inflammatory changes give rise from time to time to pain on pressure. The pain of swallowing is not so great, but the difficulty in deglutition is sometimes quite marked, owing to the loss of tissue in the velum. The granular infiltrated condition of the palatal curtain still exists, and, by the extension of the irritation of its presence, the neighboring tissues temporarily become more or less œdematous, explaining the reason for a hemming cough with which the distinguished patient is often very much annoyed.

"His general condition is very much improved. His food, which is of the most nourishing kind, is well assimilated, and his bodily vigor has of late been but little impaired, considering the number of recent drawbacks he has experienced.

"The smallest amount of morphine is given consistent with overcoming pain and inducing needful sleep. During the past few days but six minims of Magendie's solution have been injected hypodermically in the twenty-four hours."

Now, is there anything very satisfactory about this, in the way of medical treatment? And remember, this appears in a medical journal, a paper to be read and studied by physicians. What for? To learn how to cure General Grant's cancer? Not much. Why not? Because there is no information of that kind in this paper, and of all medical journals in the world this is the very one in which such practical information should appear, for Dr. Shrady is the editor himself.

The four physicians in attendance are Fordyce Barker, J. H. Douglass, Geo. P. Shrady, and Henry B. Sands. Douglass and Shrady have been the constant attendants; Barker and Sands only call in consultation.

A few things are evident to our minds, and we shall await results for their confirmation or refutation: If General Grant is really suffering from a malignant disease, as his physicians have stated, then he will die most certainly, for the prognosis has gone forth. But if he dies, nobody will know whether it was a malignant disease that killed him, or the application of drugs strenuously applied for the relief of a supposed malignant disease. On the other hand, if General Grant gets well, then the attendant physicians were mistaken in two things at least—the real nature of his disease, and the manner of termination. And if he recovers, we venture to say that the medical world will never know what cured him, no more than we now know how the case is being managed, or what remedies are being applied, *cundurango*, or what. We enter our earnest protest against all such practice, for the profession, at least, has a right to know all that is possible to be known about this clinic, and the means used in attempting to afford relief and cure. But the interesting point in the case is the final recovery of the patient, for which we earnestly hope.

Eclectic Physicians of Missouri.

We have quite a number of Missouri Eclectics on our regular subscription list, but we want all of them, and we send this issue of the *Journal* to every Eclectic in the State whose address is known to us. A synopsis of the proceedings of the State society is found in this issue, which may interest you. You can see who the officers of the society are, where they are located, etc. And we should like very much to see the names of all the Eclectics in the State enrolled on the books of the society as regular members. It costs but two dollars to become a member, and one dollar a year afterward to keep up the running expenses.

Of course it would be desirable to have every member attend the State meetings and participate in the proceedings, but their names and dues are better than nothing, and if every Eclectic in

the State would only unite with the society we could make one of the most respectable showings in the United States. We have the material among us, and nothing is wanting but proper action. It should be remembered that our Eclectic Medical Society, organized and chartered as it is, forms the basis for our standing as a distinct school of medicine, and whenever we abandon this, then we have no legal claims upon the State for anything. As individuals, the members of no school of medicine could possibly do better than our practitioners are doing, but as a society we might do very much better. In order to stimulate those who are not already members of the society to unite with us, I will personally offer this inducement: I will send the AMERICAN MEDICAL JOURNAL *free*, for the remainder of this year, to all who will send me their names, inclosing \$2.00, to apply upon their initiation and dues in the State society. Will return them certificate of membership signed by the officers of the society, and mail the Journal to them prepaid. We think that this may possibly start somebody, and when once started as members of the society we hope to keep them interested. Let us hear from one hundred and fifty at least. We want and really need a strong organization in Missouri.

"What is an Eclectic?"

Dr. John J. Mulheron, the lively editor of *The Medical Age*, seeks to perpetuate a joke in his answer to the above question.

He says: "This question has been frequently asked, but has never received a definite answer."

To this we might retaliate by asking, What is a *regular*? The same answer might be made: this question has never received a definite answer. The difference in fact is, that the word eclectic is definite in its meaning, but none can define and give any distinctive sense to the word *regular*. But, says the editor of the *Age*, "it was at one time supposed that eclecticism, as a special system of medical practice, differed from regular medicine simply in the fact that it discarded minerals and especially mercury."

The battle between these two schools was once on the indiscriminate use of mercury and blood-letting. It was then the custom of the so-called "regulars" to give mercury to saliva-

tion—to eat out the teeth, cheeks and jaws with the hope of eating out disease—“firing out the devil;” and to bleed to the lowest weakness. This battle has been fought and the banner of victory is resting on the side of the eclectics. Now they have left this post and pushed out their forces to other points; so that if there is any change of base it is due to the retreat of regularism. It requires no great discernment to see that the path of regular medicine has had so many “ups and downs” that it has become very irregular.

Again, the wily editor says: “*The eclectic of to-day claims it as his right to prescribe just what he pleases*, and thus places himself on the same footing as the regulars.” Now it becomes evident that Dr. M. knows just what we mean by the word eclectic. “The eclectic of to-day claims it as his right to prescribe just what he pleases.” That is just it exactly. What is an eclectic? One who prescribes just what he pleases. In other words, an eclectic is one who selects intelligibly for himself.

Here lies the joke. Because the eclectic claims it as his right to prescribe as he pleases he “*places himself on the same footing as the regular*.” Since when did the regulars get to doing things in this way? Now suppose we ask, What is a good regular? The answer is, One who swears by the code, and damns the man who doesn't. No one would think of answering this question by saying “One who prescribes as he pleases.” Thus a good regular may be a very poor doctor, but a good eclectic must necessarily be a good physician.

The editor further states, that “we have interrogated a number of practitioners of this school, but have never succeeded in discovering any reason, outside of a difference of opinion on the question of ethics, why they assume this distinctive name.” Well, this is difference enough. Eclectics object to subscribing to the dogmas of the code; they desire to be free to choose for themselves.

In speaking of the liberty of eclectics Dr. M. says: “If Nature has made him a gentleman, his conduct towards them (his fellow practitioners) is not open to criticism; and if Nature has happened to be faulty in her work, he is to that degree unfair in his dealings.” Now the above is pretty good, and Dr.

M. has certainly shown a spirit of fairness in some of his statements. By the way, Dr. M., is your code a specific for that class who are not gentlemen, and for those with whom Nature has been faulty? Will the code correct such deformities? If it will, it shall have a place in our hearts. Some men are mere machines, they run automatically. The code will do for that class; but no eclectic can be an automaton, and be run as others run him. Y.

Compressed Tablets.

John Wyeth & Bro. were pioneers in the introduction of fine tablets for hypodermatic use, and are now introducing medicines of various kinds in the form of pleasant soluble tablets to be taken by the mouth. They are also preparing soluble antiseptic tablets.

The advantages of all these tablets are these: They are very portable, and the dose is always certain, an exact quantity being contained in each tablet. They give entire satisfaction.

The Transactions of the National Eclectic Medical Association.

Vol. XII. of the Transactions of the National for 1884 and 1885 is now through the press, bound, and before us. This volume, in every respect, is a creditable one, and speaks well, both for its editor, Alexander Wilder, M. D., and the members of the Association who have contributed to its pages. The frontispiece of the volume—President Edwin Younkin, M. D.—is an exact picture of him who presided over the last annual meeting. The book comprises 557 pages, and is replete with the best thoughts of our best men that are in the rank and file of Eclecticism. The Section work has contributed great variety to the reading matter, and ought to be read by every practitioner of Eclectic medicine. The volumes are distributed gratuitously only to the members of the Association, and are well worth the annual dues that are paid into the treasury. Some provision should be made whereby every physician outside of the Association could obtain a volume, and if it was more fully known and appreciated many more would become identified with this National Association, if for nothing more than to get posses-

sion of its published transactions. Each year there is a visible improvement made in the literary part—the ability displayed, and in the general make-up of these Transactions. We believe that the improvement is seen also in the earnestness displayed at each annual meeting among its members. Let the good work go on. The next annual meeting of this Association will be held at Altoona, Pennsylvania, the 17th, 18th and 19th of June next.

Dr. W. H. Hale and His Black-mailing Scheme.

W. H. Hale is the editor and publisher of a paper called *Health and Home*, and some time ago we were induced to advertise our college in Dr. Hale's paper. A friend cautioned us about using this paper for advertising our college, stating that it was managed by a disreputable man, and that no good could possibly come from this influence. We had already found that the advertisement did not pay us, so we paid up and ordered the advertisement stopped. This displeased Dr. Hale, and he at once commenced a tirade of abuse upon us, accusing us of unfaithfulness in the cause of Eclecticism, etc. In the October, 1884, issue of our journal we replied to Dr. Hale, explaining to our readers why we could not afford to patronize his paper. We stated how Dr. Hale had been arrested at Wheeling, Toledo and Cleveland for the character of his publications and the substance of lectures delivered. We also warned other Eclectics against Dr. Hale and his paper, for they were not respectable. All this has provoked this apparently irresponsible and unscrupulous man to say all manner of mean things against us and the American Medical College, and when any of our readers happen to see Dr. Hale's paper they will understand the matter. All his statements regarding the condition of the American Medical College and against its character and standing are maliciously false.

We clip the following from the *Boston Medical and Surgical Journal*:

"A rather unusual case has lately been submitted to Judge Hagner, in the Circuit Court at Washington, D. C., according to the *Evening Star*. This was a suit to recover from Dr. W.

H. Hale one hundred dollars paid him by a colored man named Meredith, under a guaranty of Hale that for that sum he would cure Meredith's son of pulmonary consumption, and in case he failed he would refund the money. The boy died, and Meredith sued Hale before a justice of the peace and obtained judgment. The case was re-opened, and judgment was given against Hale a second time, and he appealed. After the testimony of the parties was given, Judge Hagner affirmed the judgment below. He declined to consider the defendant's bill in bar for attending Meredith's wife, and decided the case solely as to the original claim. Judge Hagner read the heading of Dr. Hall's circular—'*Health and Home*, sworn circulation 63,000 copies monthly'—and the signed guaranty to cure the son, and said: 'This guaranty was to perform an impossibility, to reverse a decree of the Almighty, and was akin to gipseying and voodooism, which says: I don't want your money, but as I must touch silver, I must have it before I can succeed. The justice was right in his decision that the money should be paid back, and this court affirms that decision.' "

This shows the character of Dr. Hale as a man, and how he is estimated at home; and we feel sure that the above story is true, for we have a living witness. A man direct from Washington, who worked for Dr. Hale, came in our office and told us that it was true to the letter, and we have the man's name in our pocket now.

If any of our readers are in doubt as to the character of Dr. Hale and his paper, they only have to read his paper, and see whose cause he pleads and what institutions and practices he supports. He is an ally of such men as Buchanan, Filkins and Field, and the friend of traveling quacks.

Now, we aim for this to answer for a full and complete explanation of the relations existing between Dr. Hale and us, and we do not, in the future, care to waste JOURNAL space with this subject. No matter what may come, we do not propose to be dogged into advertising again in *Health and Home*. We have no hush money.

The American Medical College.

We invite the special attention of all Eclectic and progressive physicians in the West and South, and Northwest, to the advantages of this school. Students will find the teachings thorough

in every regard, and we can safely say that more pains are taken in this college to give men a practical knowledge of disease and its remedies than in any other similar institution in this country. The Professors exert themselves to give each student entire satisfaction upon each and every point in which they are interested. Students are well provided with pleasant boarding places, the lecture and dissecting rooms are kept clean, healthful and comfortable, and all students who are also subscribers of the *AMERICAN MEDICAL JOURNAL* get all medical books and surgical instruments at 20 per cent. discount from the regular prices, which amounts to considerable in a very short time. And Prof. Pitzer gives the students free lectures upon electricity, and will, the coming session, deliver at least six full lectures upon this subject, which will be illustrated by all the batteries and electrical appliances in modern use among specialists and general practitioners. It is meant to make the course of lectures in The American Medical College, the coming winter, the best and most instructive course that has ever been given to a St. Louis class. All interested in college work, and especially those who contemplate attending lectures, or who have students reading with them, are earnestly solicited to consider and investigate the advantages of this school. Address the Dean—

GEO. C. PITZER, M. D.,
1110 Chamber street, St. Louis, Mo.

Capsules of Oil of Wintergreen.

Oil of wintergreen is gaining quite a reputation as a remedy in stubborn cases of rheumatism, and Planten & Son are putting it up in capsules, a very neat and efficient method of administering it.

Medical Books, Batteries and Surgical Instruments.

I will furnish all students and graduates of the American Medical College, who are also regular subscribers of *THE AMERICAN MEDICAL JOURNAL*, with medical books of any kind, batteries and surgical instruments, of the best quality in the market, at a discount of twenty per cent. from regular prices. Cannot send goods C. O. D. upon these terms, nor prepay postage or express charges. The cash must accompany all orders.

These are better terms than students and graduates of other schools are getting, but we mean to treat our patrons well, and hope they will appreciate it. GEO. C. PITZER, M. D.

Notes.

—The new temperance law in Kansas, which requires druggists to make monthly reports of all sales of liquor on physicians' prescriptions, is likely to impede immigration, as it is the worst State in the Union for snake-bite, and people do not like to risk it without the antidote.

—The Allopathic Medical Society of St. Louis is turned into an advertising medium. Join it and be loud in your praises of the code, or put on exhibition some pathological specimens, taken from some dead man, and your name will be heralded in the public press once a week.

—A few days ago, a certain surgeon caused a description of his operation on an epithelioma of the tongue to appear in the public prints. He took occasion to say that the case was exactly like that of Ex-President Grant. General Grant still lives, but the death of the surgeon's victim appeared the next day in *small* letters.

—Our "regular" brethren are quite eager in making their exposes of the ignorance displayed by some one of another school, and usually it is presented as typical of the general knowledge of "irregulars." The following will do as a rebutting argument: A certain practitioner, whose name now appears as Professor in a new regular Woman's Medical College, was hastily summoned to visit a person taken suddenly ill and who died before the Professor arrived. The doctor, not observing the condition of things, gravely felt of the pulse, and turning suddenly wrote his prescription, gave the directions and promised to return in a short time. Taking his departure, he returned in an hour, and felt again of the pulse and announced that there was slight change for the better. A bystander, feeling chagrined, immediately remarked, "Well, doctor, I am not much of a judge, but it is my opinion the fellow is dead." The Esculapian gentleman felt a little hurt at the bystander, but coincided. "He *is* dead, sure."

MISCELLANEOUS PARAGRAPHS.**Errors in the Diagnosis of Pregnancy.**

Professor Pajot, in a clinical lecture, observed that he wished to refer to a case which would prove of great value to the pupils, as putting them on their guard in relation to faults in the diagnosis of pregnancy. Such faults have been committed by men of the highest eminence, for if in ninety-five cases out of the hundred diagnosis is quite easy, in some others it is attended with extraordinary difficulty. In this case, of recent occurrence, such a fault had been committed by men in a high position, one of them enjoying great celebrity. In place of hesitating to communicate the case, Professor Pajot brings it prominently forward, as it exhibits the precise rule which should be observed on these difficult occasions, and may save the reputation of the practitioner and even the life of the patient. A lady, thirty-five years of age, had a child when she was twenty, after a laborious labor requiring the forceps, and followed by a vesico-vaginal fistula. Since then she had two labors, both quite easy. After the last of these, eight years ago, she suffered greatly from menorrhagia; but having five years since begun to introduce a large sponge into the vagina, for the purpose of sustaining the uterus, which had descended considerably, and absorbing the urine from the vesico-vaginal fistula, the menorrhagia ceased and was succeeded by irregular and sparing menstruation. Having become a widow she re-married, and coition was always performed with the sponge at the bottom of the vagina. Last summer she consulted Professor Pajot because her abdomen had greatly enlarged, and she wished to know whether she was pregnant. Having removed the sponge, he proceeded to examine her, and found the perineum very lax and easily depressed, a small vesico-vaginal fistula still existing. The cervix, in the erect posture, descended to within a few centimetres of the vulva, and was flattened, small, hard, atrophied and colorless. The orifice was but slightly developed. The uterus rose largely out of the pelvis and was very mobile, but its oscillations were not communicated to the cervix. Professor Pajot delayed giving his opinion on the case for a fortnight, when the patient declared

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that she felt the child move; but the foetal heart could not be heard and the opinion was still withheld. Meanwhile an accoucheur and hospital surgeon was consulted, who, after an attentive examination, declared that an ovarian cyst existed. This alarming the patient, a celebrated laparotomist was consulted, who stated that a large fibrous tumor of the uterus existed, and advised an operation. Three weeks after this last consultation, the patient, having taken some very violent purgatives, gave birth to a child between seven and eight months old, all traces of the tumor disappearing. "Faults like these are committed only because old counsels which I have long since delivered have been forgotten. In these difficult and obscure cases, I said there is a simple line of conduct to be followed, which is both useful and prudent, and never compromises the health or life of the patient, nor the reputation of the practitioner. This is *expectation*; we must know how to wait. If there is some pressing indication, of course we must fulfil it; for, when life is menaced, what matter is it about the pregnancy? But, as a general rule, neither the health nor the life of the patient is in question. The woman desires to know whether she is or is not pregnant. And as long as the problem does not appear to be soluble with certainty we should make no resolutions. Let us wait, and above all things wait without acting, if nothing creates an absolute necessity for action. Time is the best of all our means of diagnosis."—(*Presse Méd. Belge*, September 7, 1884; *Med. Times*.)

Mellin's Food.

This preparation is, in fact, an excellent attempt to give the extractive and soluble portion of Liebig's food, without the cellular and indigestible part of the meal. In other preparations of this class this was partially avoided, but not wholly so, by straining. There is no evidence of starch remaining in this preparation, it having been all converted into grape sugar and dextrine, and there is no reason to believe that it is prepared from anything but malt and wheat. As a food for delicate infants, there can be no question as to its great value.—*Medical Press and Circular*, London.

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The Eclectic Medical Association of Arkansas.

DR. PITZER:—Please announce through the columns of your valuable journal that the Eclectic Medical Association of Arkansas will meet in Little Rock, the third Wednesday in May, at 1 o'clock P. M. All Eclectic and liberal physicians are urgently requested to be there promptly, as business of importance will come before the Association. Let everyone come with something of interest to report. From indications now, we will have a good attendance, and anyone staying away will miss quite a treat.

By calling at the office of the Grand Central Hotel the place of meeting can be ascertained.

Cabot, Ark.

J. M. PARK, M. D.,
Corresponding Secretary.

A Drug Clerk's Fatal Carelessness.

An acute eye trouble has afflicted Mr. John J. Keller, of No. 348 Schermerhorn street, Brooklyn, for a long time past, and lately he has been under the care of Dr. E. Tiegel, of No. 211 East Tenth street, this city. On Tuesday afternoon the physician, who is a graduate of the Medical College of Strasburg, gave Mr. Keller the following prescription, telling him to take a teaspoonful at certain intervals:

Atropia sulphuricii	1.5 milligrams.
Aqua	30.0 grams.

Mg.—As directed.

Mr. Keller had the prescription filled at Haydenreich & Bro.'s pharmacy, at Clinton street and Atlantic avenue, on his way home, and just before dinner took a teaspoonful of the mixture, and at seven o'clock, an hour later, took another dose. Almost immediately after having swallowed the last Mr. Keller became unconscious, and, the efforts of his wife failing to arouse him, three physicians were called in. They worked hard at their patient until almost 11 o'clock, without having brought him out of the torpor into which he had fallen, and at that time the unfortunate gentleman breathed his last.

The cause of his death was a mystery until the label on the bottle containing the medicine he had taken and the remaining medicine itself were examined, and then it was found that a very large overdose of atropia had been mixed in making up the pre-

scription, and that instead of 1.5 milligrams, 150 had been put in. Coroner Menninger was notified, and yesterday morning he summoned a jury, but postponed the inquest for two weeks. The drug clerk who filled the prescription is William H. Davenport, who was graduated in 1881 from the College of Pharmacy. He admitted his mistake, and is greatly distressed over the fatal result of his carelessness. No legal steps will be taken against him until after the Coroner's inquest has been held—possibly not even then. Mr. Keller, who was over sixty years old, was a well-known commission merchant, who had an establishment at 39 Beaver Street, this city. He leaves a widow and two children. He was moderately well off.—*Exchange*.

Uterine Hemorrhage.

At the meeting of the National Medical Association, held at Columbus, Ohio, Dr. J. R. Borland reported a case of uterine hemorrhage of twenty-five years' standing, which was successfully treated with S. H. Kennedy's Extract of *Pinus Canadensis*. He also spoke very highly of this remedy in the treatment of Leucorrhea.

Obstetrics.

On the ———, 1884, I was called to see Mrs. M——, æt. 25 years, mother of three children. Previous health good; had never had any troubles in her previous confinements.

Found patient in following condition: Had been in labor twenty-four hours, attended by a so-called midwife; prolapsed funis, which had long since ceased to pulsate; detached placenta; fetus in transverse position, spine curved upwards, the head, hand and feet presenting; the uterus relaxed, contractions having ceased; hemorrhage still going on; patient prostrated from loss of blood.

Seeing there was no time to lose, I at once removed the detached placenta, and then brought down one foot; looped a strip of cloth around the ankle. Found the other foot up by the side of the fetal head; as I found it difficult to hold the foot up with the hand, I took a pair of long uterine dressing-forceps and pulled down the foot, and delivered by the feet. I then

gave fluid ext. ergot, ʒss., and quinine, grs. v.; kept the uterus knuckled down until firm contractions had been established, applied the abdominal binder, and the patient made a good recovery.

Now, a few words in regard to the so-called "legal medicine." In the most of the States the law presumes to say who shall and who shall not practice the healing art, but when it comes to the practice of obstetrics the self-constituted midwives, as a rule, are exempt from any examination. This is certainly a wrong that our law-makers have failed to see.

W. S. BAIN, M. D.

Csddo Mills, Texas, April 5, 1885.

Pruritis Vulvæ.

R. Sodii hyposulphitis, ʒiv.; glycerini, ʒij.; aquæ destilat, ad. ʒvj. M. Sis.—As lotion.—*Fox*. This simple combination has proved very effective in that troublesome and very annoying malady, pruritis vulvæ, and also in tinea versicolor.—*N. E. Med. Monthly*.

Topeka Topics.

TOPEKA, KAN., March 28.—Gov. Martin to-day appointed the following physicians as members of the new State Board of Health: Three-year terms—Charles H. Guibar, of Beloit, President of the Allopathic Society; A. P. Forster, of Ft. Scott, President of the Homeopathic Society; and D. Surber, of Perry, President of the Eclectic Society. Two-year terms—J. Milton Welch, of La Cygne, and D. W. Stormont, of Topeka. One-year—H. S. Roberts, of Manhattan, and T. A. Wright, of Americus. The Governor also commissioned the following gentlemen to locate the Industrial Reformatory Institute provided for by the last Legislature: John Severance, of Axtell; John E. Bonebrake, of Abilene; and Edward R. Smith. The commission is charged with the selection of a site, and the erection of the necessary buildings, and will enter upon its duties at once.—*Exchange*.

Married.

At the residence of the bride's parents, Mr. and Mrs. B. Knight, northeast of Independence, Kas., March 10, 1885, Miss


J. Ada Knight, A. M., to Geo. M. Terrell, M. D., of Ohio, Rev. J. McAllister officiating.

Dr. Terrell is a refined and highly educated gentleman of rare professional qualifications, and Miss Knight is well known in educational circles of the county and State as a thorough scholar and an earnest teacher.

A New Baby.

J. S. Miller, M. D., of Correctionville, Iowa (class 1880), reports that on the evening of April 12th an eleven and a half pound boy was born at his house. He says he "means to make a regular John D. Ashurst out of him."

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No. 6.

ORIGINAL COMMUNICATIONS.

ART. XXI.—Urticaria.—By PROF. E. YOUNKIN, M. D.

This disease is known among the common people as *nettle-rash*. It is an exanthematous, non-contagious eruption of the skin, characterized by prominent spots or wheals, that are usually paler at their apexes and redder at their bases than the true skin.

The eruption recurs at intervals, and is attended by fits of burning and itching that closely resemble the stinging of nettles. Urticaria is quite common in the season of the year from May to September. Its course may be either acute or chronic, and dermatologists have divided it into several species.

1. *Urticaria Febrilis*.—This variety is induced by the ingestion of certain kinds of food, such as mushrooms, raspberries, strawberries, cucumbers, lobsters, mussels, oysters, and fish that are dried and smoked.

An hour or two after eating such articles as above mentioned a weight is felt at the epigastrium; nausea, general sinking and giddiness are complained of; the skin is hot, and the characteristic eruption appears on the body. The spots are commonly irregular in shape, whitish and elevated. At the end of twenty-four or thirty-six hours, in the generality of cases, the eruption declines, and leaves but a faint trace of its presence. *Urticaria febrilis* may appear at times without appreciable cause; some people possess a peculiar susceptibility to the disease, and infants are sometimes affected during the irritation of teething.

A couple of years ago a good deal of excitement was created in this city by parties being poisoned from eating a certain kind of smoked fish. This poison does not affect all persons alike. In some it affects the stomach and bowels, producing nausea, vomiting, griping and colliquative discharges; with others, a certain failure of the circulation, collapse, pain in the muscles and joints, paralysis of motion and staring of the eyes; with still others, the urticose eruption. Hence, the morbid phenomena of fish-poison has been described by Autenrieth as the choleric, the paralytic and the eruptive.

The phenomena occurring from the eruptive form are ushered in by a sudden excitation of the vascular system, with rushing of blood to the head, the beating of the carotids, the eyes red and turgid. The patient complains of headache and giddiness; the eyes roll in their orbits and the lids are spasmodically open. The face and arms swell, and the urticose eruption appears with its characteristic symptoms. In some cases vesicles and bullæ appear. There may be fever, tightness of the chest, difficulty in respiration, shivering of the body and pains in the back and limbs. The choleric form may be present, with pain in the stomach and bowels, followed by griping and purging; or the paralytic form may be present, with inability to move, attended with cramps, strangury and retention of urine.

Several cases are recorded where the poisoning resulted in death.

2. When the eruption is unaccompanied with fever, and is produced by the ingestion of certain foods, the disease may be denominated *urticaria ab ingestis*. This form is not always accompanied with white, itchy elevations, and may be a simple efflorescence having the color of scarlatina.

3. *Urticaria chronica* may last for several months or years. The spots may be evanescent (*urticaria evanida*), appearing at intervals, sometimes in one place and sometimes in another. They may show themselves and disappear in a few hours. The patches are irregular, and much resemble the wheals produced by a severe flagellation. They are accompanied with an itching and burning of a severe kind. A case of this kind in practice is worthy of note. James H——, a boy of twelve years, was

taken with an eruption of *nettle-rash* over the abdomen. The wheals were very itchy, and prevented him from sleeping. In the morning the abdomen was covered with urticaria, some of which were large patches surrounded by an erythematous areola. The pruritus became almost intolerable, the pulse full and frequent, the burning and itching paroxysmal. The urticose eruption would fade away in from one to three hours, only to return again with seemingly renewed violence. During the absence of the eruption the patient was seized with violent pains and crampings within the abdomen. The bowels were lax, and the discharges were attended with griping. This state of things kept up for a period of three weeks, changing every few hours from the eruptive form to the choleric symptoms, and *vice versa*, until finally subdued by large doses of capsicum, hydrastia and opium.

Chronic urticaria is sometimes seen with still more serious character. The disease may not consist of more prominent elevations, but in true tuberosities of various magnitudes, hard and deeply-seated (*urticaria tuberosa*), which are accompanied by ecchymoses, pain in the muscles, and a tense soreness of the skin. The tumors are very itchy, appearing at night and disappearing again in the morning.

Sometimes the disease is associated with an intermittent or quotidian fever; sometimes connected with a chronic affection of the viscera. Not unfrequently do we find it connected with rheumatism, and co-existent with lichen, erythema, roseola and impetigo.

The disappearance of the eruption has sometimes been succeeded by the development of some internal intestinal or cerebral affection. On the other hand, it has occasionally appeared at the decline of other diseases.

Artificial urticaria is sometimes produced by the stinging of nettles, the application of mustard plasters, the ammoniac cum hydrargyro plaster, the oil of the lauro-cerasus and the internal use of belladonna.

Treatment.—In the ordinary cases of urticaria, where the disease cannot be attributed specially to any article of food, I find the internal administration of bromide of potash and

chloral hydrate to be the best treatment, with a local application or bath of cold water with the addition of vinegar.

To an adult, I prescribe as follows: R. Kali brom., ʒiij.; chloral hydrate, ʒij.; syr. prunus virg., ʒiij. M. et S. A teaspoonful to be taken every hour until quiet is produced and itching ceases, after which the dose to be repeated three to six times a day. The body to be sponged with a cold lotion of vinegar and water. Should urticaria prove dependent upon the ingestion of any poisonous substances, vomiting must be excited by the use of an emetic. Some practitioners resort at once to the sulphate of zinc, on account of its speedy effects; others, unless the case is pressing, recommend lobelia or ipecacuanha. After which, we prescribe a drink strongly acidulated with nitric acid and sweetened with sugar. Should urticaria be conjoined with an inflammation of any of the mucous membranes, diluents, emollients, clysters, the tepid bath, with attention to regimen, and abstinence to a greater or less degree, fulfill a double indication in such cases.

Some cases of urticaria yield gently to belladonna, and atropia, in the lesser doses, may be given with advantage. The violence of the pruritus which attends the disease will yield under the influence of chloral or opium, the fever to the special sedatives, and the derangement of the digestive organs to acidulated drinks, when once all organic derangements are set right.

Many patients have derived speedy relief by abstaining from spirituous liquors, spiced dishes, etc. When urticaria intermits, and is attended with febrile paroxysm, the disease will often yield to the use of quinine.

To conclude, I have seen several cases of chronic urticaria which, after having been treated in vain by abstinence and antiphlogistics, yielded to purgatives and hot alkaline baths. I have recommended cold baths to be used in some cases. I desire here to utter a precaution in the use of cold bathings. The practitioner must not yield to the impatience of his patient for immediate relief, and be led in consequence to prescribe the external application of cold when not admissible. Fatal results have been brought on by such means.

ART. XXII. — The Castor-Oil Bean. — BY S. S. LOWRANCE,
M. D., LACLEDE CO., MO.

"A contributor to an exchange says: "It is not generally known, nor is the fact stated in the U. S. Dispensary, that the castor-oil bean is poisonous. The plant is extensively used for ornamenting gardens and grounds surrounding our dwellings. It bears large fan-like leaves, a red stalk, and several clusters of flowers, which when ripe are transformed into pods containing the beans. These the children are apt to appropriate, by reason of their attractive appearance, and occasionally they have been found tasting of them. Recently we tried them, to ascertain what sort of a savory morsel they were, and promptly was our curiosity satisfied by being made sick thereby. Almost immediately dizziness ensued (to the extent of staggering and falling, had we not lain down), with extreme nausea, accompanied with paralysis of the extremities. These symptoms lasted for nearly six hours, then gradually disappeared.

"We had almost forgotten the circumstance, until a month ago we were called in consultation with a physician to investigate the symptoms of poison in a little girl, aged about seven years. The attending physician decided she was suffering from some sort of poisoning the symptoms did not clearly reveal. She vomited constantly, had contraction of the muscles, particularly of the neck, drawing the head backward, enlarged abdomen (tyimpanitis), dilated pupils and unconsciousness. She died the third day.

"Examination of the premises revealed that the children had been gathering castor-beans from the withered plants in the front yard. Closer inspection of the beans exhibited that several of them had been nibbled, showing the imprints of the child's teeth. At last it was definitely ascertained that the little one had eaten fragments of the beans, when the poisoning symptoms were fully accounted for.

"Nowhere is the poisonous quality of the castor-bean referred to. We believe very few people are familiar with its dangerous qualities. It should be banished from our yards and gardens as a plant too dangerous to harbor." — *Lever and Liberator*, Chicago.

Twenty years ago, Prof. John King, of Cincinnati, author of *American Dispensary*, said: "Castor-oil seeds are dangerous, twenty of them having proved fatal."

Some thoughts suggested above remind us of a circumstance related by one of our neighbors, who was raising a young dog. The good lady was very much annoyed by the youthful cur on

- account of his persistent habit of "sucking eggs." The lady was told that if she would insert a broken castor-bean into a raw egg, and allure the dog to eat it, his dogship would never take another egg. She gave him the bean, and the young canine never so much as looked upon another egg. He died!!

We have seen growing in this vicinity two varieties of the castor-bean; one with red stalks, and the other smaller and purplish or bluish green. We have raised, in limited quantity, the latter variety about our gardens ever since we were able to remember (our age is fifty-one years), for the purpose of banishing moles and gophers (*geomys bursarius*) from our gardens. We have never witnessed any serious consequences attributable to the presence or effects of the plant or its seeds, called tick-beans.

We have occasionally indulged our curiosity in tasting the beans of this variety, and feel safe in saying that we never perceived any results or effects other than those produced by the oil which is made from the bean.

In conclusion, we ask for information through the AMERICAN MEDICAL JOURNAL :

What varieties of castor-beans are known? What varieties are poisonous? How? Why? When? Where? and all about it.

If you know anything worth remembering, put it where it can be preserved for future reference.

ART. XXIII.—The National Eclectic Medical Association.

The Fifteenth Annual Meeting of the National Eclectic Medical Association of the United States of America will be held, pursuant to order of the Executive Committee, at the Opera House, in the city of Altoona, Pennsylvania, beginning on Wednesday, the seventeenth day of June, 1885, at 10 o'clock in the morning, and will remain in session for three days.

Committee of Arrangements.—Lemon T. Beam, M. D., Box 574, Johnstown; H. B. Piper, M. D., Tyrone; James M. Bunn, M. D., New Washington; N. L. Adams, M. D., Altoona; George E. Potter, Johnstown. All letters of enquiry should be addressed to Dr. Piper or Dr. Beam.

The headquarters of the Association will be at the Logan House. The charges will be \$3.00 for one day, \$2.75 per day for two days and \$2.50 per day for three days.

The Logan House is the regular railroad hotel of Altoona, and its accommodations are first-class. It is the usual resort of the Pennsylvania State Eclectic Medical Association, and also of the Central Eclectic Medical Society. The city, however, abounds with other caravanseras for those who prefer them.

The superintendent of the Logan House is also manager of the Cresson Springs Hotel, which will be open a few days later, and well understands the wants of sojourners for business or pleasure.

The attractions of Altoona deserve favorable consideration. The city is a favorite summer resort, cool and healthy, as a place in the bosom of the Alleghanies may be presumed to be. Those who love wild, mountain scenery, and are fond of communing with nature in her secret haunts, may find abundant gratification here. Doubtless the members will be treated by the Pennsylvania Railroad Company to an excursion to Cresson Springs, one of the most popular watering places of the United States. In such case, the ride thither will be round the famous Horse-shoe curve, and then through the Great Tunnel which pierces the dividing range of the Alleghanies, which separates the East from the Ohio and Mississippi valleys. A stop of one or two hours will yet allow the members to return to their work. We shall hear more definitely of this at a later day.

Application has already been made to the officers of the Pennsylvania Railroad for commutation of fare. The company command an extensive railroad system from East to West, and in the best condition and with the best arrangements for passengers of any on the Continent.

The Secretary has been duly supplied by the Passenger Agent with orders for excursion tickets on the Pittsburg, Cincinnati & St. Louis Railway, and the Chicago, St. Louis & Pittsburg Railroad, which he will furnish to members and delegates upon application. They are good from June 15th to go till June 23rd to return. He expects similar courtesies from the Pennsylvania, and perhaps other companies, but is not as yet assured. Dr. Piper, of Tyrone, has this matter in charge, and generally knows how to do and succeed.

Our hosts of Pennsylvania are true, tried and approved men. They will spare no endeavor or good office to facilitate the purposes of the Association. They are active in the Eclectic ranks, believing in its doctrines and reducing them to effective practice; and they fraternize with all who make these things a matter of principle. We may hope for a season with them worthy of being always remembered for its enjoyment and profitable accompaniment.

The assurances of a large attendance are numerous and gratifying. There is a more earnest feeling than ever among Eclectics in regard to organized co-operation, and the increasing of its efficiency all over the country. The history of the past season has shown the advantages already gained from our union, and every reason exists for making it more perfect, if we would secure the blessings of liberty to ourselves and our posterity. We are passing through the ordeal which tries men's souls and develops their stamina. There is no endeavor to be spared; every true man, who has the best interests of the Eclectic cause at heart, is wanted at his post. Once more an exclusive practice of medicine, represented by the American Medical Association and its auxiliaries, appears in the field with its forces massed against all who do not assent to its supremacy. The greatest wisdom, the most resolute purpose, thorough organization, and energetic fraternal co-operation are required. A victory gained now will be a benefit to all classes of citizens of our common country. It is not enough to hold our ground; our honor, duty and good policy require us to advance.

Representation.—There are now State Societies in every part of the American Union; local and auxiliary organizations in many of the States, and seven recognized Medical Colleges, besides several institutions and departments not yet formally included in the number. We shall have delegates in attendance from new societies in the southernmost States of the Republic, who will represent wide-awake constituencies. The future of Eclectic Medicine, as distinguished from the Exclusive School of Old Physic, is assured in that region of our country. Let there be a good turn out from the Northeast and Northwest, the valley of the Mississippi and the Pacific slope, to show our unity and our purpose.

Every State Society is entitled to *fifteen* delegates; and the local societies and medical colleges, each to *two* delegates. Graduates of regularly organized medical colleges, holding legitimate diplomas, and physicians who have been engaged in reputable practice for fifteen years, who are or have served as delegates to the Association, are eligible to permanent membership. A condition of the By-Laws prescribes that they should be *duly recommended by the local or State Society to which they belong*.

The Secretaries of the several societies thus appointing delegates are requested to transmit the credentials of delegates as soon as appointed to the Secretary of the National Association, at Newark, N. J., together with a statement of the colleges at which they graduated, etc., also the names of those who are recommended for permanent membership. This will lighten the duties of the Committee on Credentials, and enable all to take part in the proceedings of the Association.

Societies are recommended to make their lists of delegates full, and, so far as practicable, to name others than those now permanent members. This adds to the interest in the business, and tends to increase the numerical strength.

Take Notice.—It is desired that the certificates shall give, in each case, the full name of each individual, instead of initials, his post-office address and all other essential particulars.

Physicians who are not members of any medical society have repeatedly applied for copies of the Constitution with the evident purpose of ascertaining how they may unite with the National Association. The condition is peremptory, and may not be stepped over, that they shall be members of some State or local society affiliated with this organization. There is yet time for them to join some such society in their own State, or in a neighboring State, if there is none at home. It is the aim and desire that all worthy physicians shall enjoy every necessary facility to become members; and to impose no disabilities or restrictions except for the purpose of keeping aloof from undesirable individuals who are unwilling to conform to wholesome regulations, and otherwise to promote the reputation and prosperity of the Eclectic Practice of Medicine.

Section Work.—The appointments are as follows:

A. *Public Hygiene, Medical Jurisprudence, Physiology, Psychology, Mental and Nervous Diseases.*—Chairman, Milbrey Green, M. D., 1 Columbus Square, Boston, Mass.; Secretary, William M. Durham, M. D., Atlanta, Georgia.

B. *Practice of Medicine, Materia Medica and Medical Chemistry.*—Chairman, Albert Merrell, M. D., 2346 Locust street, St. Louis, Missouri; Secretary, Wilson H. Davis, M. D., N. W. corner of State and Madison streets, Chicago, Illinois.

C. *Obstetrics, Gynecology and Genito-Urinary Diseases.*—Chairman, Milton Jay, M. D., 513 State street, Chicago, Illinois; Secretary, William F. Curryer, M. D., Thorntown, Indiana.

D. *Surgery, Anatomy and Clinic Surgery.*—Chairman, Lorenzo E. Russell, M. D., Springfield, Ohio; Secretary, Robert A. Reid, M. D., Newton, Mass.

E. *Otology, Ophthalmology and Laryngology.*—Chairman, David A. Cashman, M. D., 243 State street, Chicago, Illinois; Secretary, Lemon T. Beam, M. D., box 574, Johnstown, Pennsylvania.

The object of this Association, as declared by the statute incorporating it, is "to maintain organized coöperation between physicians for the purpose of promoting the art and science of Medicine and Surgery, and the dissemination of beneficial knowledge and an improved Practice of Medicine." That Eclecticism is such an improved practice, the members of this Association conscientiously and intelligently believe. Accordingly the Sixth Article of the Constitution makes it the duty of the President, within three months from the holding of the annual meeting, to designate members to prepare papers or reports to be submitted at the annual meeting next ensuing. This has been done, and the announcement was made in due season by the President. They will not now be repeated; but the Secretary is directed to give a special notification to each individual so named.

Amendment to the By-Laws.—The following amendments to the By-Laws are pending, and will be determined at the coming annual meeting:

Add to Article I., § 2, of the By-Laws, the following:

"The Credentials of delegates shall set forth their academic rank, the institution at which they received the degree of Doctor of Medicine, and the time during which they have been engaged in practice."

Add to Article II., § 1, of the By-Laws, the following:

"Worthy members of this Association, who have been such for a period of not less than twelve years, and former presidents, may, upon resolution adopted at any meeting by a majority of not less than two-thirds of all members present, be exempted from the provisions of this Section, except so far as relates to the reporting of name and residence as aforesaid."

Add to Article V. of the By-Laws the following Section:

"§ 3. The Association or Executive Committee shall erase from the list of members the name of any member admitted from an auxiliary society, or medical college, who shall fail from misconduct or neglect to continue in good standing a member of an auxiliary society."

Amend Article VIII. of the By-Laws, by striking out the clause, "to give notice to the Secretary," and add the following as § 2:

"Every member of this Association shall inform the Secretary, or cause him to be informed, respecting his post-office address and place of residence, on or before the first day of January in each year; and in default of such knowledge the Secretary may withhold from him the next volume of the *Transactions*."

Add to Article III. of the By-Laws the following:

"§ 3. A member of this Association who commends a proprietary medicine, which is advertised to the public, whether the formula be known or not, may be considered guilty of unprofessional conduct; and may be, upon proof duly shown, censured and expelled."

Fellow-Members of the National Eclectic Medical Association:

The work of the year is now outlined for your consideration. The subjects which have been allotted, it will be noticed, take a range perhaps wider than many may consider essential, but they come within the province of every physician's observation. The study which some of them may require will be of inestimable value to the writers themselves, as well as to those who hear or read their papers. We also repeat the request to all who are desirous to promote the cause and to extend the scope of Eclectic Practice to communicate such facts of interest

in regard to its condition and prospects, and to scientific and professional matters, as are in their possession. An earnest spirit of investigation, with breadth and clearness of view, cannot fail to assure additions to our knowledge which will benefit ourselves and the general community.

The most momentous period in our history is now upon us. The number of our societies and institutions of learning is steadily increasing, and our practitioners are to be counted by the thousands. Our literature is becoming more abundant, and in point of ability and value exhibits a marked improvement. We have therefore raised the physicians of the Exclusive Practice to more desperate efforts against us. Never, during the last forty years, has greater apprehension been exhibited in relation to our growing importance. For these fears there is just cause. While the colleges of the Old School graduate more students every year than there are places for them to fill, the call in the East, South and West for more Eclectic practitioners is far greater than our ability to answer it. Already, in Congress, it has been proposed to establish and endow a National Medical University, one department of which shall be Eclectic. Two of the ablest Senators have proposed legislation which shall do away utterly with the present exclusive monopoly in public medical service, by opening the field to members of every school of practice on the sole ground of merit. To this complexion must the public service come at last. The attacks covertly made upon us in the various Halls of Legislation are made in abject terror of this glorious consummation, by which the petted and privileged class of physicians will find their occupation gone.

Every true Eclectic will, therefore, put himself in harness. The physician who neglects to act with organizations is derelict to his profession and unworthy. We have a conflict before us to test our principle, our enthusiasm and our devotion to our calling. I appeal to my brethren in the Eclectic ranks to take part in the struggle. A few should not be burdened with the sole work of defending the rights of the many.

Come to Altoona, the beautiful mountain city, in full number, adding your force to the others, and massing our hosts against

all who invade our rights. We belong to the army of peace, to heal the sick and bind up the broken, achieving the triumphs greater than those of war. Let us prove worthy of American citizenship, of the glorious memory of our Fathers in Medicine and of their achievements, by our persistence in the good work, and by our farther continuing of what they began. In organization, in steady and earnest effort, all this will be accomplished. Do not be remiss; do not be indifferent; do not be dilatory. You work for more than yourselves; you work for the world and for posterity. You improve your own standing and add to your professional qualifications by mingling with your brethren.

You will do honor to yourselves, you will further the prosperity of our organization and School of Practice, you will discharge that obligation which every genuine and conscientious physician regards himself as owing to his profession, if you endeavor faithfully to perform the part that falls or may have been allotted to you. Standing, as the Eclectics do, in the ranks of the advanced guard of Medicine, we cannot afford to be indifferent or negligent in good work.

HENRY K. STRATFORD.

By the President:

ALEXANDER WILDER, *Secretary*.

NEWARK, N. J., April 25, 1885.

ART. XXIV.—Direct Medication.—BY GEO. C. PITZER, M. D.

[CONTINUED FROM PAGE 20 JANUARY JOURNAL.]

Glycerine.—Although but little can be said of glycerine as a remedial agent, in the abstract, as an ingredient of important mixtures it is exceedingly useful. It is comparatively harmless in all cases, no matter whether applied locally or used as an internal remedy. It is an excellent solvent, mixes readily with many drugs, and as it penetrates the tissues of the body quickly it serves as an excellent vehicle for other medicines. It is also a good preservative for infusions and thin syrups. It prevents fermentation in summer, and freezing in winter. We make a strong infusion of wild cherry bark, and also prepare an infusion from the twigs of the peach tree, and then to one quart of either of

these infusions we add one pint of glycerine. This makes quite a permanent preparation, from which we may dispense at pleasure. An infusion of digitalis, or dioscorea, may be prepared in the same way, and in the use of any of these remedies it is only necessary to add the required amount of the glycerine and infusion mixture to some hot or cold water, as considered most appropriate for the case in hand, and we have a finely prepared infusion. This method of using drugs in the form of infusions is more effective than the old plan of making teas in the presence of patients, or leave them to prepare them for themselves. There is more of a professional look about it.

Glycerine is nutritive to a certain extent, and as it retards or prevents fermentation, we use it to advantage in many cases of perverted digestion: A tablespoonful of glycerine after meals will frequently prevent sour eructations and burning pains in the stomach.

Glycerine is an excellent drug to mix with prescriptions containing resinoids, like grindelia, macrotys, etc. Equal portions of water and glycerine will serve the purpose of holding the resinoid in suspension.

Externally, we use glycerine to protect chapped, abraded and inflamed parts; and especially in erysipelas and small-pox, glycerine, properly mixed with appropriate drugs, is a fine remedy. In erysipelas: *R.* Tinct. belladonna, ℥j.; glycerine, ℥jv.; water, ℥iij. *M.* Apply with a camel's-hair brush. In small-pox: *R.* Listerine, ℥j.; glycerine, ℥ij.; water, ℥j. *M.* Apply to the broken pustules freely, with a camel's-hair brush. These are fine applications—very effective.

For making local application to the ear in case of earache, glycerine and water in equal parts, say one drachm of each, and about two to five drops of creosote, has given us good results; the best remedy for earache we know anything about. The same application is good for toothache—just as good, even better than pure creosote, and will not burn the mouth like undiluted creosote. Whenever we desire to apply anything to the ear—the meatus auditorius externus—glycerine and water, equal parts, make a vehicle that serves a much better purpose than sweet oil or any other greasy substance.

Glonoine.—This is known by the common name of nitroglycerine. It is not used extensively in medicine. The safest and best form in which to keep it and use it is the form of an alcoholic solution, in the proportion of one drop of glonoine to one hundred drops of alcohol. The use of this solution will vary according to the nature of the case and the susceptibility of the patient. It is comparatively safe to commence with one drop, and increase or lessen the dose as may be required.

We have used this drug in a few cases of neuralgia, but its effects differ so greatly with different persons that we cannot recommend it as a perfectly safe and convenient drug for the general practitioner. Those who desire to do so may test it, and they will find that while it will give excellent results in some cases of neuralgia, it will totally fail in others.

Grindelia Robusta.—This is a soothing, healing drug in subacute and chronic laryngitis, bronchitis and asthma. Its best influence is realized in cases of asthma complicated with subacute bronchitis. *R.* Fluid ext. *grindelia robusta*, ʒj.; water, glycerine, aa ʒij. *M. S.* One teaspoonful every half hour, hour or two hours, as required. We sometimes combine *grindelia* with cough syrups to good advantage. The following answers a fine purpose in phthisical and asthmatic coughs of children or adults: *R.* Fluid ext. *lobelia* (herb), ʒij.; fluid ext. *grindelia robusta*, ʒj.; chloral hydrate, ʒj.; syr. wild cherry, ʒiijss. *M. S.* One teaspoonful every one, two or three hours as required. For children under four years, the doses should be smaller, and for adults they may be larger. In cases of severe cough from cold, lingering laryngitis, or bronchitis, and in many slow cases of whooping cough, this is an excellent prescription. *Grindelia* is a safe, good remedy, and we can recommend it with confidence.

Guarana.—We use this remedy in the form of pills, powder and elixir. The dose ranges from ten grains to one drachm. It acts as a gentle, soothing stimulant to the nervous system, and is used in severe cases of headache. Where headache results from a derangement of the menstrual function—retarded, suspended or painful menstruation—guarana will sometimes give speedy relief. Other than this use of guarana, we have had no experience with it.

Guaiacum.—The resin of the guaiacum wood is the part used in medicine. It is put up in the form of a strong alcoholic tincture—guaiac., $\bar{3}$ vj. ; alcohol, Oij. Or a stronger fluid extract may be prepared, but the tincture is strong enough. Dose, ten drops to one drachm, always combined with a stiff emulsion of gum-arabic. R. Tinct. guaiac., $\bar{3}$ ss. ; emulsion of gum-arabic, $\bar{3}$ iijss. M. S. One-fourth to one teaspoonful every two to four hours, according to the influence sought.

We use this prescription in tonsillitis, and consider it the most potent remedy we can possibly employ to relieve and arrest the inflammation. We use the smaller doses frequently repeated in this case. Aconite, eucalyptus and borax may be of great service in sore throats, and in tonsillitis too, but as a single remedy in tonsillitis guaiac. is the best.

In painful menstruation, especially when the flow is scanty and the patient of a cold habit, or where a neuralgic or rheumatic diathesis is observed, the above prescription, in maximum doses, repeated every two hours, will frequently give speedy relief. Where it is not quite sufficient to overcome the pain, we sometimes combine viburnum with it. One ounce of Hayden's viburnum compound to three ounces of the above prescription, a teaspoonful every one, two or three hours, will give good satisfaction. If the menses are slow, this will stimulate a better flow; if arrested, it will more than likely re-establish the discharge. It is a good, stimulating, anti-spasmodic prescription, and will invigorate the menstrual function.

As a remedy in rheumatism proper, guaiacum sometimes helps us materially. It is in old and lingering cases that we find it serving the best purpose, and combined with phytolacca, iodide of potassium, conium, colchicum, etc., we may use it with profit. Even alone, when rheumatism affects the tissues of the body besides the membranes about joints, guaiacum frequently does good. We see this in cases of bronchitis and asthma in rheumatic patients, and we should not omit to appropriate this remedy in all such cases.

Gold.—In medicine we use the chloride of gold, and always employ the third decimal trituration. (Ten grains of all third decimal trituration contains one hundredth of a grain of the

crude medicine used.) This method of trituration enables us to accurately dispense powerful drugs in very small doses. From five to twenty grains of this trituration of chloride of gold may be given every three, six or twelve hours, as required.

Over-doses of chloride of gold produce distressing and dangerous symptoms. Gastro-enteritis is excited, and violent cramping pains are suffered, accompanied with persistent retching and vomiting, and sometimes diarrhea. Tremblings and convulsions are sometimes witnessed.

In medicinal doses, if carefully handled, we may employ chloride of gold to good advantage in quite a number of cases. Our experience with it has been confined to cases of sterility, amenorrhea, melancholy dependent upon sexual derangements, and weakness or impairment of the sexual function in both male and female. Chloride of gold is certainly a powerful stimulant to the generative function in both sexes, for it increases both the desire and ability for sexual congress, and intensifies the enjoyment. While its direct and stimulating influence may be more marked than that produced by electricity, we do not think the results are quite so permanent; but the effects are in nowise transient, and it is even wonderful what can be accomplished in some cases of sexual weakness, approaching impotency and sterility, by the combined use of chloride of gold, erythroxylon, ergot, strychnia and electricity. The down-hearted and melancholy become cheerful, suppressed menses are restored, the sterile bear children, and many happy changes are wrought by this course of treatment that might baffle our skill for months and years upon different management.

It is said chloride of gold will cure some forms of indigestion, and that it benefits some cases of chronic Bright's disease, but we cannot vouch for this, as we have not tested it in such cases.

Gallic Acid.—Of all the remedies in use, we prefer this in cases of hemorrhage from the kidneys, or from the bladder. R. Gallic acid, ʒij.; glycerine, water, aa ʒij. M. S. One teaspoonful every two hours. We may rely upon this alone in cases of hæmaturia, or we may alternate or combine with it hamamelis, trillium or ergot.

Hamamelis.—This is known as witch hazel, and as a mild,

healing astringent it is very popular. We may employ the ordinary fluid extract, or the colorless distilled extract can be used, according to the nature of the case in hand. In cases of hemorrhoids we prefer, as an internal remedy, the ordinary fluid extract, and order it to be taken in half teaspoonful doses three times daily. At the same time we advise a local application of the fluid extract to be made to the hemorrhoidal tumors at least once a day. It may be injected into the rectum to advantage. Where there is much tenderness and swelling about the rectum, or where fissures exist, a solution of alum in the distilled extract of hamamelis affords the greatest relief, and a persistence in this local treatment once a day will permanently cure some very stubborn cases of piles and fissures. In external piles and prolapsus of the rectum, either the ordinary fluid or the distilled extract may be applied.

Hamamelis is a good remedy wherever a simple, unirritating tonic astringent is required. It is good in menorrhagia, hæmoptysis, dysentery, and in epistaxis it has no equal. Here we employ the distilled extract externally, and the ordinary fluid extract internally. Simply saturate pledgets of absorbent cotton with the distilled extract and fill the nasal passages with them, and if any local application can effect anything this will do it. More powerful astringents, like gallic acid, Monsel's styptic, etc., will not compare with this in nose-bleed. At the same time the patient can be taking the ordinary fluid extract as an internal remedy, a half a teaspoonful every one, two or three hours.

In obstetric practice we use the distilled extract for sore nipples; and where the vulva remains tender after confinement, whether the case is complicated with piles or not, if the patient complains of smarting pains: *R.* Distilled ext. hamamelis, ℥ij.; listerine, ℥j.; water, ℥j. *M. S.* Apply freely to the tender parts twice daily.

Hydrastis Canadensis.—Regarding the virtues of this drug, we can do no better than repeat what we said about it last year, as recorded in vol. xii. *AMERICAN MEDICAL JOURNAL*:

Hydrastis canadensis has enjoyed an almost enviable reputation for many years, especially among Eclectic practitioners,

homœopaths and liberal physicians of all schools. The virtues ascribed to it have been these: a general tonic, appetizer, deobstruent, laxative, astringent, and above all it has been highly prized as a remedy for mucous irritations and inflammations, no matter where situated. And it has been found as serviceable in chronic inflammations as in acute disease. It has been used for these purposes by local or direct application, and internally, or as a constitutional remedy. We have used it freely and continuously for many years, and have never lost confidence in it. Internally, the ordinary fluid extract answers a fine purpose; but when we desire to make a soothing application to abraded or ulcerated mucous surfaces, we prefer liquid or fluid hydrastis, both of which represent the virtues of this drug, and they are free from alcohol. In stomatitis fluid hydrastis is an excellent remedy; even in ulcerative stomatitis, after making an application of a strong solution of sulphate of copper, fluid hydrastis, one drachm to one ounce of water, makes a fine mouth wash, to be used two or three times daily, applied with a camel's-hair brush.

Locally, in vaginal and uterine diseases, and in urethral inflammation, either alone or combined with *pinus canadensis* or *hamamelis*, hydrastis is the best application we can make. And internally, in lingering cases of vaginal, cervical or uterine catarrhs, hydrastis is a first-class remedy. We nearly always combine it with other remedies appropriate for the case in hand, such as *hamamelis*, *ergot*, *macrotys*, *viburnum*, etc., but hydrastis will frequently effect wonderful changes when given alone. For female weakness, locally and constitutionally, it must rank with the first measures in use, if not the very best.

Apropos with this, we quote from the Transactions of the German Gynecological Society, as follows: .

“Schatz is of opinion that the medicinal treatment of the diseases of the female sexual organs has been crowded too far into the background by the operative treatment; that nowadays the knife is not rarely resorted to in cases in which favorable curative results could be obtained by less formidable measures. The author thinks that, especially in functional disturbances of the uterus and ovaries, in menstrual anomalies, direct or reflex nervous, or even congestive troubles, medicinal treatment ought to

be tried if the difficulties are but moderate, if an operation is dangerous or mutilating. He calls attention to the fact that often accidental changes in the mode of life, of the climate, psychical alterations, nervous irritations, and finally medication prescribed for other purposes are followed by obvious and unexpected changes in the affections named.

"With this view, Schatz experimented with *hydrastis canadensis* in menstrual disturbances. He used the fluid extract (supplied by Parke, Davis & Co.) in about fifty cases. Two-thirds of these can be utilized in estimating the value of the drug. In general, it seems to act on the mucous membranes by exciting their vessels to contract. In the female genital apparatus, it seems not only to diminish the blood supply of the mucous membranes, but to act on them as a whole. It is remarkable that the remedy is often effective in cases in which ergot has failed, or even has rendered the symptoms worse.

"Favorable results were obtained by Schatz mainly in metrorrhagias due to myomata (ergot had long been used in vain), in hemorrhages in the puerperium, in menorrhagias of young persons from fifteen to eighteen years of age, finally also in those forms of endometritis in which curetting had failed. In most cases, he commenced the use of the drug one week before the onset of the menses; where the catamenia recurred with undue frequency, even longer previous to the normal date of their appearance. In several cases, the flow became not only less profuse and shorter in duration, but several times it failed to set in altogether. In the case of myomata, too, the hemorrhages disappeared often for months. The incidental effects of the drug generally were only agreeable in their nature. Particularly noticeable was an increased appetite. Once only a certain lassitude occurred; in another case, states of exaltation. The dose of the fluid extract is about twenty drops three times a day."

There is no doubt about the potency of this drug as a remedy, and physicians in all parts of the world are coming to realize the facts concerning its value.

Hydrangea.—We employ the fluid extract of *hydrangea*, made from the recently dried root. Dose, from ten drops to half a teaspoonful every one, two or six hours, as required.

Hydrangea relieves congestion of the kidneys, and irritation of the mucous membrane of the bladder and urethra. It also acts as an anti-spasmodic in renal and bladder complaints, and is one of the best drugs we can prescribe in cases of renal colic, strangury, and wherever there is pain and distress suffered in uri-

nating, either in male or female. It is said it will cure some cases of gravel, but this we cannot vouch for. That it will relieve the distressing symptoms of many cases of renal colic, however, we do know, and it may have some influence in preventing gravel and renal spasm. We frequently combine hydrangea with gelsemium in painful bladder and urethral troubles, and find the combination a good one. R. Fluid ext. hydrangea, $\bar{3}$ ss.; green root tinct. gelsemium, $\bar{3}$ j.; syr. simplex, $\bar{3}$ j.; water, $\bar{3}$ ss. M. S. One teaspoonful every one, two or three hours. In many cases of vesical and urethral irritation this will give speedy and permanent relief.

The Lambert Pharmacal Co., of St. Louis, combine benzoic and salicylic acid, and lithia with hydrangea, in a preparation they call "Lithiated Hydrangea." This combination has gained a famous reputation as a remedy in vesical irritation, gravel, rheumatism, Bright's disease, diabetes, cystitis, hæmaturia, etc. The preparation is proprietary, and some may object to having their patients take it, a question for each practitioner to decide for himself, unless he is a slave to the "code."

[TO BE CONTINUED.]

ABSTRACTS.

The Kansas Medical Law.

The following is a copy of the act passed at the last session of the Kansas legislature creating a State Board of Health:

House Bill 167: To create State and Local Boards of Health, and to regulate the practice of medicine in the State of Kansas.

Be it enacted by the Legislature of the State of Kansas:

SECTION 1. Within thirty days after this act shall take effect, the governor, by and with the advice and consent of the senate, if it be then in session, shall appoint from different parts of the State nine (9) physicians, who shall be men of good moral character and temperate habits, of not less than seven years' continuous practice in their profession, and each of whom shall be a graduate of a respectable medical college; and said nine physicians, when

so appointed and confirmed, shall be known as the Kansas State Board of Health. Three of said physicians shall be appointed for one (1) year, three for two (2) years and three for three (3) years; and annually thereafter the governor shall in like manner appoint three physicians of like character and qualifications to fill the vacancies occurring in said board by reason of the expiration of the term of service, as herein provided; and the persons so appointed shall hold their respective offices for the like term of three years, and until their successors are appointed and qualified; but in no case shall the governor appoint a majority of the physicians that shall constitute said Board of Health from any one school of medical practice, nor shall said board at any time be composed of persons a majority of whom shall be of the same school of medical practice. Upon the appointment of the nine physicians provided for in this act, the secretary of state shall issue to each of them a certificate of his appointment; and within twenty days after such appointment the said nine persons shall meet in the city of Topeka, and they shall each take and subscribe the oath prescribed by law for State officers; which oath shall be filed with the secretary of state; and thereupon said board shall immediately organize by electing one of its number president. They shall also elect a secretary, and said secretary shall be the executive officer of said board, but not a member thereof. The secretary shall execute a bond in the sum of \$5,000, which shall be filed with the secretary of state.

SEC. 2. The State Board of Health shall adopt and publish such rules as may be necessary to make this act effective and facilitate the transaction of its business. It shall provide a seal, and all correspondence and papers emanating from it shall be under the seal of said board. It shall meet quarterly, or oftener if deemed necessary, the first meeting to be held at Topeka. The annual meeting after the first shall be held at Topeka in June of each year. No member of the board shall receive any compensation for services rendered, except for travelling and other necessary expenses while employed on the business of the board. The secretary shall receive such compensation as may be allowed by the State Board of Health and approved by the governor.

SEC. 3. The secretary shall hold his office so long as he shall faithfully discharge the duties thereof; but may be removed for just cause at any regular meeting of the board. He shall keep a record of all the transactions of the board, shall communicate with other State Boards of Health, and with the Local Boards of Health within the State.

SEC. 4. The State Board of Health shall supervise the health interests of the people of this State. They shall make careful inquiry into the cause of diseases, epidemics, investigate the sources of mortality, and the effects and localities, employments, conditions, habits and surroundings on the health of the people. They shall advise officers of government, or other state boards, in regard to the location, drainage, water supply, disposal of excreta, heating and ventilation of public buildings. They shall collect and preserve such information relating to forms of disease and death as may be useful to them.

SEC. 5. The State Board of Health shall supervise the registration of marriages, births and deaths, and also the registration of forms of disease prevalent in the State, and the secretary shall superintend the registration of the vital statistics of the State. The State Board of Health shall also prepare the forms and establish the rules by which permits for transporting the dead bodies of persons for burial beyond the county where the death occurs, and in all cases the said Board of Health shall require coupons to be attached to such permits, to be detached and preserved by every common carrier, or the person in charge of any vessel, railroad train or vehicle to which dead bodies shall be delivered for transportation. Any violations of these rules shall subject the offender to a fine of \$10 for each offence.

SEC. 6. The State Board of Health shall appoint committees or engage suitable persons to render special sanitary service, to make practical or scientific investigations and examinations. And it is hereby made the duty of all officers and agents having the control of any public work to permit any examination ordered by said board, and the members of said board, and such other officer or person as may at any time be by said board authorized, may examine and survey all grounds, erections, vehicles, structures, etc.

SEC. 7. The county commissioners of the several counties of this State shall act as Local Boards of Health for their respective counties. Each local board thus created shall elect a health officer, who shall be a member of the board.

SEC. 8. Every person proposing to engage or to continue in the practice of medicine in this State shall, within thirty days after the organization of the State Board of Health, present to the secretary of said board a diploma from a legally organized medical college, or an affidavit or other satisfactory evidence that the applicant is a graduate in medicine from such school, which shall be submitted to the State Board of Health at its next meeting; and, if satisfactory to said board, a certificate shall be given, which certificate shall be recorded by the county clerk, and kept in the office of the county clerk, and this certificate shall be conclusive evidence of the right of the owner of the same to practice medicine in the place designated in the certificate, and any person who is not a graduate of a reputable school of medicine shall present himself before the State Board of Health at any regular meeting of the board, and submit to such elementary and practical examination by the Board of Health as shall test the qualifications of the candidate as a practitioner of medicine, surgery and obstetrics; and every candidate passing a satisfactory examination shall receive a certificate. This act shall not apply to commissioned officers of the United States army or navy or marine hospital service.

SEC. 9. Every person applying for a certificate as provided for in this act as a graduate, shall pay a fee of \$1; and every person applying for a certificate, on examination, shall pay a fee of \$10, all of which shall be paid into the state treasury. And every person practising or attempting to practice medicine in this State without such certificate regularly filed with the clerk of the county in which he resides, shall, upon conviction, be fined not less than \$10 nor more than \$100 for each and every offence, to which may be added imprisonment not to exceed ninety days. And a person filing or attempting to file as his own a bogus diploma or a false affidavit of identification, shall be subject to such fine or imprisonment as provided by the statutes of this State for the

crime of forgery, and shall forfeit all right to practice medicine in this State. And any itinerant physician who shall, by writing or printing, or by any other method publicly profess to cure or treat diseases, injuries or deformities shall pay to the state treasurer a special tax of \$100 each month he shall practice; and for every failure to pay such tax prior to engaging in such practice he shall, upon conviction, be fined not less than \$100 for each offence, or imprisonment for not less than ninety days in the county jail, or both.

SEC. 10. It shall be the duty of every physician practising his profession in the State of Kansas to keep a record of the deaths occurring in his practice, noting the form of the disease, and to report the same to the Local Board of Health; and any failure to do so will subject said physician to a fine of \$10 for each offence.

SEC. 11. It shall be the duty of assessors of personal property in the several townships and wards of cities throughout the State annually to collect such information as to marriages, births and deaths as may be required by the State Board of Health, and report the same to the Local Boards of Health.

SEC. 12. It shall be the duty of the State Board of Health, on or before the first Monday in January of each year, to make a report in writing to the governor of the State upon the vital statistics and the sanitary condition and prospects of the State, and shall suggest any further legislation deemed proper for the better protection of life and health. The annual report of said board shall contain a detailed account of the money paid out by or on account of said board and a detailed statement of the manner of its expenditures during the past year, but the amount shall not exceed \$5,000 in any year.

SEC. 13. All prosecutions under this act shall be conducted by the county attorney for the county in which the offence was committed, in the court having jurisdiction; and all fines imposed and collected shall be paid into the county treasury to the credit of the school fund.

NOTE.—The names and addresses of the members of the Kansas State Board of Health were given in our last (May) issue, page 239.

Two Cases of Dangerous Hæmorrhage from Rupture of the Vagina during First Coitus.—BY PAUL F. MUNDÉ, M. D., OF NEW YORK.

Dr. Chadwick's case of "Rupture of the Vagina during Coitus," reported in the issue of this journal for April 30th, recalls to my mind two cases observed by me and reported to the New York Obstetrical Society at the time, in both of which very severe hæmorrhage occurred from a rent in the left vaginal wall, in the first case the fissure being an extension of the physiological laceration of the hymen. The comparative rarity of this accident (vaginal rupture and bleeding from deep fissures of the hymen is not so uncommon), especially in young, healthy women, with properly shaped and normally elastic vaginæ, leads me to add a brief report of my cases to those already published.

CASE I. In October, 1881, I was called early in the morning to a hotel in this city to see a lady who had been married on the previous day. I found her in a state of collapse, pale, with occasional momentary loss of consciousness, all due to a violent hæmorrhage immediately following the first coition. The husband, a physician himself, had vainly tried to arrest the hæmorrhage by compression and persulphate of iron. Inspection showed blood trickling from the vaginal orifice and a slight rent of the hymen at the left anterior border, which, however, did not bleed; digital examination revealed a vagina distended with coagula, thus indicating that the blood flowed inward, as though from an internal wound. Placing the patient on the left side, I introduced Sims's speculum, cleared the vagina thoroughly of all coagula, and then at once saw the blood spurting from a deep fissure about an inch long, which extended inward from the nick in the hymen to the left and parallel with the urethra. Tight tamponing of the vagina with disks of alum-cotton, carried down to the very vulva, arrested the bleeding at once and permanently, and no further trouble was experienced. Here really the rent was intravaginal, its starting-point merely being the hymen.

CASE II. April 16, 1883, I was called, in the evening, to see a lady twenty-two years of age, married the day before. The messenger said she was bleeding, and I suspected a similar in-

jury to that in the previous case. I found a waxy-looking, evidently very feeble patient, who stated that coitus had been performed but once, toward morning, had been rather painful, that she then went to sleep, and was awakened some hours later by feeling wet about the genitals, and found herself lying in a pool of blood. A physician was sent for, who gave ergot, but made no examination. The patient continued to ooze, and another physician was sent for, who ordered ice to be applied over the abdomen, but also made no examination. The hæmorrhage continuing, he sent for me. I examined her by gaslight, and could detect no bleeding spot on the hymen. The examining finger found the vagina full of coagula. Through Sims's speculum the vagina was thoroughly cleansed, and a deep rent fully two and a half inches in length and half an inch in depth was at once seen in the left vaginal wall, extending from about an inch above the hymen nearly to the cul-de-sac. The edges of the rent were ragged, and its base bruised and torn. A firm tamponade with alum-cotton disks effectually controlled the bleeding, and when the patient called at my office, a week later, the wound was in a fair way toward closure.

In neither of these cases did there seem to be a disproportion of the relative organs, nor could I learn that any unusual violence had been used. The vaginæ were apparently perfectly healthy, both ladies being young and of good constitution.

In the second case of Zeiss, quoted by Dr. Chadwick, the recent confinement of the woman and the adhesion of the cervix to the lacerated side of the vagina would readily account for the friability of the tissues, as would also the senile atrophy of the vagina in Dr. Chadwick's own case. I recollect reading a similar case in a Canada medical journal a few years ago, where a sailor had been away from home for nine years, and on first coition with his wife on his return ruptured her vaginal vault to such an extent that she had to be taken to the hospital (in Montreal, I believe), and came near dying. She had not as yet, if I remember correctly, reached the menopause.

It is strange that two such accidents should have been produced by sailors, whose reputation for abstinence, when away from home, is not of the best.

The treatment must obviously consist in the tamponade, repeated as long as danger of recurrence exists, or, if the rent is external, where a vaginal tampon cannot well touch it, the deep suture.—*Boston Med. and Surg. Journal.*

Case of Cæsarian Section Performed by the Patient Herself.

There has been quoted some time ago, in the medical department of the *Review*, an account of a Norwegian who took out both his testicles, which certainly required some nerve, but the report below, from an editorial in the *British Medical Journal*, is, we think, without parallel.

“The following remarkable case was related by Dr. von Guggenberg, and the patient exhibited, at the last annual meeting of Bohemian physicians, at Tetchen. On September 28, 1876, he was summoned at two in the morning to see a woman who was said to have cut open her abdomen. He found the patient lying in a miserable house, on a wretched and dirty bed, exhausted and bloodless, and only capable of making affirmative and negative signs. On removing a dirty petticoat which covered her, an incised wound was seen on the right side of the abdomen, passing downwards and inwards, from which a somewhat large coil of intestine protruded, the greater part of which, covered with dried blood, rested upon a dirty, blood-soaked straw sack. Hemorrhage seemed to have ceased from every part of the wound, and the uterus was contracted to the size of a child's head. A fully developed, but dead, male child lay between the patient's knees. Clean linen was produced from a neighboring house, and, with a piece soaked in oil, the protruded intestines were carefully wiped and returned, and the wound sewed up, the peritoneum being included with the skin. The incision was about three and one-half inches long, and slightly S-shaped. It was dressed with a five per cent. carbolic solution, fixed with strapping, and the abdomen was carefully bandaged. By the afternoon the patient was able to speak, and next day the history was taken. She had had seven children previously, four of whom had been born without medical assistance, two with forceps, and one after craniotomy. The pains began between September 24th and 25th, ceased in the after-

noon, and came on September 26th, when the midwife stated that she felt the presenting head on vaginal examination. On September 27th convulsions came on, according to the patient's account, accompanied by agonizing pain and great distention of the abdomen, the movements of the child ceasing. The pain and distension became so severe that the patient determined to perform Cæsarean section, of which she had heard. She, therefore, took a razor and divided the skin slowly; she then made a second and a third incision; and finding the child not yet appearing, made another cut, which caused a large jet of blood to escape, and exposed the placenta; this she removed. One foot of the child came into view, which she seized and pulled upon until the whole of the body came through the wound, the head requiring the exertion of all her force. She divided the umbilical cord, laid the child (which she believed to be dead) beside her on the bed, and threw the placenta on the floor. She had passed neither urine nor feces since September 24th. The progress of the case was very good; urine was passed on the afternoon of September 28th, but the first stool not till October 2nd. The pulse reached 120 on the day after the operation, but was never again so frequent; the temperature is stated to have not been very high; and, although there was a considerable amount of exudation from the wound, it had united by October 3rd. The patient soon returned to work, and has been ever since in perfect health."—*Weekly Med. Review.*

Indiana's Medical Law.

Senate Bill No. 18.—An act regulating the practice of medicine, surgery and obstetrics, providing for the issuing of licenses to practice, defining certain misdemeanors, providing penalties, and fixing the date when the same shall take effect.

SECTION 1. *Be it enacted by the General Assembly of the State of Indiana*, That it shall be unlawful for any person to practice medicine, surgery or obstetrics in this State without first obtaining a license so to do, as hereinafter provided.

SEC. 2. Any person desiring to practice medicine, surgery, or obstetrics, in this State shall procure from the clerk of the Circuit Court of the county wherein he or she desires to practice,

a license so to do, which license shall be issued to such person only when he or she shall have complied with the following conditions, to-wit: When such applicant shall file with such clerk his or her affidavit, and the affidavits of two freeholders or householders of the county, stating that such applicant has regularly graduated in some reputable medical college, and shall exhibit to such clerk the diploma held by such applicant; or when such applicant shall file with such clerk his or her affidavit, stating that he or she has resided and practiced medicine, surgery and obstetrics in this State, continuously, for ten years immediately preceding the date of the taking effect of this act; or when such applicant shall file with such clerk his or her affidavit, stating that he or she has resided and practiced medicine, surgery and obstetrics in this State, continuously, for three years immediately preceding the date of the taking effect of this act, and had, prior to said date, attended one full course of lectures in some reputable medical college. Such applicant shall pay to such clerk, for such license, the sum of one dollar and fifty cents, and such clerk shall record such license, together with the name of the college in which such applicant graduated and the date of his or her diploma, in a book to be kept for such purpose, and which shall be a public record.

SEC. 3. Any clerk who shall issue a license to practice medicine, surgery or obstetrics to any person who has not complied with the requirements of Section 2 of this act, shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be fined in any sum not less than twenty-five dollars, nor more than one hundred dollars, and such license, or one procured by any false affidavit, shall be deemed and held to be void.

SEC. 4. Any person who shall practice medicine, surgery or obstetrics in this State, without having first procured from the clerk of the Circuit Court of the county wherein he or she shall so practice, a license as provided in this act shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be fined in any sum not less than ten dollars, nor more than two hundred dollars: *Provided*, That this act shall not be deemed to prohibit women from practicing obstetrics, and such midwives are hereby expressly exempted from its provisions.

SEC. 5. No cause of action shall lie in favor of any person for services as physician, surgeon or obstetrician, who had not, prior to the rendition of such services, procured a license to practice, as herein provided for, and any person who shall pay any sum of money or deliver any property for any such services to any person who is not so licensed, may recover the same, or the value thereof, in any court of competent jurisdiction in this State.

SEC. 6. The following shall be the form of this act: The clerks of the Circuit Courts shall appropriately fill up the blanks, and issue the same under the seal of their respective courts, to-wit: The State of Indiana, ——— County, ss.: I, ———, Clerk of the Circuit Court of ———, in said State, do hereby certify that ——— has complied with the laws of the State of Indiana relating to the practice of medicine, surgery and obstetrics, and is hereby authorized to practice medicine, surgery and obstetrics in said county. Witness my hand and the seal of said court, this ——— day of ———, 18—. ———, Clerk.

SEC. 7. This act shall take effect and be in force from and after the first day of September, 1885.

Premature Labor.—By AUGUSTUS P. CLARKE, M. D., CAMBRIDGE, MASS.

Dr. Clarke reports two cases, and writes as follows concerning the methods of performing the operation: The plan of inducing premature labor by the introduction of a flexible gum elastic bougie, is evidently a safe and easy method. My experience in the use of sponge tents, even when thoroughly carbolyzed, for dilating the cervix for any purpose whatever, is unsafe and often leads to irreparable mischief. For a long time I have abandoned their use altogether. The use of a flexible gum elastic bougie is more scientific. The bougie is cleanly; its presence in the uterine cavity, across the fundus, after a few hours, will often excite healthy and normal uterine contractions. In any case where any unpleasant or any constitutional disturbances arise from its presence, it can be readily removed by the attendant, or the patient herself, before alarming or serious

symptoms supervene. The bougie is also applicable in cases in which it is desirable to induce abortion for the relief of obstinate vomiting of pregnancy, that sometimes threatens the life of the patient. I have used it for such a purpose, and have found it a most valuable means of emptying the uterus of its contents. Digital dilatation, when carefully and judiciously practiced, is also a most valuable means in any case where the emptying of the uterus is urgently and speedily demanded.

An important consideration in a case where the induction of premature labor is required is, to ascertain when the time has arrived beyond which pregnancy should not continue. This can only be decided by careful consideration of the whole history of the case. From my experience in the above cases, as well as from my general obstetric practice, I would state that in no case should the induction of premature labor be undertaken until after a most thorough study or knowledge has been gained of a previous pregnancy, or pregnancies, for it is absolutely impossible to obtain any definite and reliable knowledge relative to the dimensions of the pelvis until after labor is well advanced or immediately after it has been completed.—*Medical Times*, Jan. 24, 1885.

Salicylate of Sodium in Acute Cystitis.

Borgehold mentions, in the *Deutsche Medicinische Wochenschrift*, twenty cases of acute cystitis in which he produced good results by the internal administration of this drug. During the first three days of the treatment he gives a half gramme every two hours; for the succeeding eight days he gives the same quantity thrice daily. The writer asserts that with this method he is able to dispense entirely with irrigation of the bladder, and that in none of the cases thus treated has the disease become chronic.—*N. Y. Med. Jour.*

Dysentery of Children.—Ergot.

Twenty-one cases of dysentery in children reported by Dr. G. I. Magruder (*Va. Med. Monthly*) were treated with fluid extract of ergot, five to twenty drops four or five times a day. All were either entirely relieved or much improved.

EDITORIAL.

Medical Books and Surgical Instruments.

We will furnish medical books and surgical instruments, including batteries of all kinds, to all students of the American Medical College, who are also subscribers of the *AMERICAN MEDICAL JOURNAL*, at a discount of twenty per cent. from regular prices. In all cases the cash must accompany the order, and the purchaser must pay the express charges, or postage, as the case may be.

Dr. W. H. Hale and Health and Home.

In our last issue we referred to this man, but for fear some of our readers may see Dr. Hale's paper who did not have the pleasure of reading our May number, we again warn everybody against Dr. Hale and his paper. He deceived us, and has been trying to injure the good name of the American Medical College. From the way he writes, we take it that he is in with Field in trying to crush our cause in the West; but if this is their game, they have commenced a hard task. Field tried long and hard to down the respectable side of Eclecticism in the West, but he made a signal failure, and it is a waste of time and money for him and Hale to renew this fight. All who read Hale's paper will please bear in mind that the whole matter is a personal one, and that what he says about the American Medical College has no foundation of truth in it. This college has a reputation that such men as Hale and Field cannot shake. We should not say a word about this matter if we thought nobody but Field was concerned in it, for he cannot hurt anybody; but Hale is comparatively a new man, and we are obliged to show him up a little.

For further information about this Dr. W. H. Hale, we refer our readers to Lum Smith, editor and proprietor of the *Public Herald*, 706 Chestnut St., Phila., Pa. The following are clippings from the *Herald*:

"We earnestly appeal to all publishers who have thoughtlessly endorsed or advertised *Health and Home*, Washington, D. C., W. H. Hale, editor, alias "Dr. Carson," alias "Dr. Lightfoot," to now caution their subscribers and friends to avoid the vile quack, and we appeal also to publishers, and the people in general, to send us (in confidence) any copies of *Health and Home*, circulars, letters, etc., received from Hale or Carson, and any information they can hear of to aid us in thwarting Hale's wicked work. Hale will soon be numbered with the thousands of cheats and swindlers which the editor of the *Herald* has, during the past nine years, shown such a fondness for "salting away."

"Twenty-five dollars reward will be paid any person who subscribed for, and received through the mail, *Health and Home* for May, June and July, 1883.

Write your name on each copy of the paper and wrapper, and send by registered mail to
LUM SMITH,
Editor *Herald*, 706 Chestnut St., Phila.

These three numbers of Hale's paper were particularly filthy, so much so, we understand, that Hale or Delevan came very near being arrested by New York authorities, whose attention was called thereto, and it is said that the energetic officer who went to arrest them on the charge of "obscurity" came back "converted."

Hale left the paper at Port Chester in charge of his old "ex-priest," "sacerdotal" and "audacious" enemy, we beg pardon, we mean Hale's "chum," and started out again on a "cure all" expedition, getting arrested, and skipping from place to place to prevent other arrests, until about September, 1884, when he returned to Port Chester, N. Y., and a short time thereafter left his "ex-priest" chum, and established himself with the vile sheet, *Health and Home*, in Washington, D. C. And what a disgrace to our boasted free government, sanctity and purity of the mails, and commentary on personal liberty, that such a rascal as W. H. Hale should be permitted to carry on his nefarious practices at the capital of the Nation!"

The National Association.

We take great pleasure in referring to the call for a large gathering at Altoona. Profs. Stratford and Wilder, as President and Secretary, have issued a strong, urgent and persuasive proclamation, and we sincerely hope the meeting may be a successful one. For several years we have been in regular attend-

ance, and but for the affliction in' our own family we should be at Altoona this year; but the serious illness of Mrs. Pitzer, who has been confined to her room for two months past, will absolutely prevent our attendance this year. We already feel lonesome, and regret so much that we cannot be present, but we must submit.

Since our connection with the National Association we have done our best to forward its interests in every way. We may have differed with some of its leading members and officers regarding certain matters, but we have never permitted these differences to interfere with friendly relations and unity of action in the general cause. What we do, we do earnestly, and when we say, we say what we mean, and say nothing for the sake of saying.

Again, we hope the meeting at Altoona will be a profitable one, that some Pennsylvania man may be elected President, James Anton, Treasurer, and Alexander Wilder, Secretary. These are our sentiments. Success to the National Eclectic Medical Association!

Electricity as a Remedial Agent.

Since the publication of our book upon this subject, we have had numerous questions put to us regarding the use of electricity, the best battery to employ, and the class of cases to which this measure is best adapted, etc. In fact, there is scarcely a day passes that somebody does not ask us some questions upon this subject; and in reply to many questions at once, we take pleasure in saying that we have prepared, in pamphlet form, some practical information regarding the best electrical supplies for general and special practitioners. In this pamphlet we describe the kind of battery to use in certain cases, and name the classes of cases to which electrical treatment is adapted and where it will prove remedial or curative. We send these pamphlets to everybody, *free of charge or postage*, if we only know they are wanted. Send us an order, and we will forward the pamphlet entitled "Electricity as a Remedial Agent."

Address GEO. C. PITZER, M. D.,

1110 Chambers St., St. Louis, Mo.

BOOK NOTICES.

PRINCIPLES AND PRACTICE OF MEDICINE.—By Nathan Smith Davis, A. M., M. D., LL. D., Professor of the Principles and Practice of Medicine in the Chicago Medical College, and of Clinical Medicine in the Mercy Hospital, etc., etc., etc. In one volume, octavo, pp. 896. Price in cloth, \$5.00; in sheep, \$6.00. Jansen, McClurg & Co., Chicago.

The author of this work is an educated, experienced practitioner and teacher of medicine, and in the association to which he belongs he stands at the head. He is a regular of most regular sort, and has no charity or sympathy for what he calls irregulars. Laying all this aside, Prof. Davis, in the form of lectures, has furnished us with a great deal of good reading, and there is much in his book that will entertain all classes of physicians. His practice has been among the people of the West, and he is regarded as high authority upon subjects embracing the diseases incident to this country. ●

A GUIDE TO THE DISEASES OF CHILDREN.—By James Frederick Goodhart, M. D., F. R. C. T., Assistant Physician to Guy's Hospital, and Lecturer on Pathology in its Medical School, etc. Revised and edited by Louis Starr, M. D., Clinical Professor of Diseases of Children in the Hospital of the University of Pennsylvania. With Formulæ. 12mo., pp. 738. Philadelphia: P. Blakiston, Son & Co. Price, cloth, \$3.00; leather, \$4.00.

This is an excellent book for reference, and as the diseases of children are many times apparently obscure, it is well enough to have good books to refer to in times of doubt and need. This is a good book.

HUMAN OSTEOLOGY.—Comprising a Description of the Bones with Delineations of the Attachments of the Muscles, the General and Microscopical Structure of Bone and its Development. By Luther Holden, Ex-President and Member of the Court of Examiners of the Royal College of Surgeons of England; Consulting Surgeon of Saint Bartholomew's and the Foundling Hospitals; assisted by James Shuter, F. R. C. S..

M. A., M. B., Cantab., Assistant Surgeon to the Royal Free Hospital, Late Demonstrator of Physiology and Assistant Demonstrator of Anatomy at Saint Bartholomew's Hospital. With numerous illustrations. Sixth Edition. New York. William Wood & Co., 56 & 58 Lafayette Place. 1885.

This is another volume of Wood's Library of Standard Authors, the January number, and is a fine book.

KIRK'S HAND-BOOK OF PHYSIOLOGY.—By W. Marrant Baker, F.R.C.S., Surgeon to St. Bartholomew's Hospital, Lecturer on Physiology to St. Bartholomew's Hospital, etc., and Vincent Harris, M.D., London, Demonstrator of Physiology to St. Bartholomew's Hospital. Eleventh edition, with nearly 500 illustrations. Two volumes of about 400 pages each. 8vo. New York: Wm. Wood & Co. Cincinnati: R. Clark & Co. Price, \$1.25 per volume.

These two volumes form the February and March numbers of Wood's Library of Standard Medical Authors for 1885. The work, as issued by other publishers in a single volume, sells for not less than five or six dollars. The subscribers to Wood's Library—twelve volumes in a year for fifteen dollars—get it for one-half the usual price.

We have frequently referred to Wood's Library of Standard Authors, and again insist that this is a very cheap method of building up a first-class library. The books before us are a credit to any physician's study.

LECTURES ON DISEASES OF THE NERVOUS SYSTEM, ESPECIALLY IN WOMEN.—By S. Wier Mitchell, M. D., Member of the National Academy of Sciences, Physician to the Orthopedic Hospital and Infirmary for Diseases of the Nervous System, etc. Second Edition, Revised and Enlarged. With five plates. 8vo. Pp. 287. Philadelphia. Lea Brothers & Co. Price, \$1.75.

Dr. Mitchell's reputation is established as a careful and reliable observer, and his writings are highly appreciated by all who have any acquaintance with him. The book before us is a practical one, and is well suited to the wants of the general practitioner as well as the specialist.

MISCELLANEOUS PARAGRAPHS.

Induction of Premature Labor.—By T. GAILLARD THOMAS, M. D., NEW YORK.

From a lecture published in the *Med. and Surg. Rep.*, Feb. 14, 1885, we abstract the following: The method of inducing premature labor which I now invariably adopt is very simple, and, at the same time, a perfectly efficient one. The patient is placed across the bed, with the buttocks resting near the edge, and under her is arranged a large piece of rubber or oil-cloth in such a way as to drain into a tub below on the floor. In this tub we put one or two gallons of water at a temperature of 98° F. The operator stands between the thighs of the patient, whose knees should be properly supported, and employing a syringe with a long nozzle, which is carried up as far into the cervical canal as it will go, he keeps a steady stream directly against the membranes. In the course of ten minutes the os will be the size of a silver half dollar, and when dilatation to this extent has been accomplished, he is to insert a gum catheter between the membranes and the uterine walls. The patient is then put in bed, and that is all.

This operation constitutes one of the greatest advances that have ever been made in the obstetric art, and it is certainly no mean triumph to be able thus to preserve a human life which, without its aid, would have been inevitably lost. I can point to at least two dozen children in this city who by this means were saved from an untimely fate. When the infant has been delivered before full term, it should not be washed and otherwise treated in the ordinary manner of nurses, but should be carefully wrapped in warm cotton and allowed to remain in it, the temperature of the room in the meanwhile being brought up to nearly one hundred degrees.

The Needlessness of the Fear of Cholera.

It will be found during the coming spring that the prospect even of an epidemic of cholera works considerable harm. The agitation over the subject has aroused the people, and has not only stimulated health officials, but has infused among the peo-

ple a very wide-spread fear of the expected disease. Indeed, there is in many nervous persons an almost panicky condition of mind, while even the most intelligent have an exaggerated view of the direful possibilities which the coming season holds out. The result is that nearly all the families which usually leave the city in the summer are now planning to leave it much earlier than is customary. Medical men will be among the first to feel this, in the earlier decrease of work and income which the summer season brings.

We have felt it to be the wisest plan, and, indeed, our bounden duty, to urge as strongly as possible the need of setting on foot the most thorough preventive measures against cholera. To spend money to keep out the disease is by far the cheapest and most humane plan. If, now, the disease does not come, at least duty will have been done, and the people will have received some useful lessons in sanitation.

It should be understood, however, that the probability of there being any extensive outbreaks of cholera in this country during the coming year is small, while the probability of any but sporadic cases appearing in this city is very remote indeed. The cholera is now in the third year of its travels from India, and its virulence is waning. This was shown by the small extent of its ravages in Paris last fall.

There is absolutely no need for alarm, or of early decampments into cold and insalubrious summer hotels. It is necessary to repeat, also, the statement that cholera is not a contagious disease, like scarlet fever and measles. Its presence in cities of India, where it is endemic, creates no more alarm or comment than does the presence of diphtheria with us.—*Med. Record*, Mar. 21, 1885.

Death from the Cold Douche. — BY L. C. ARMSTRONG, M. D.,
TAYLORVILLE, ILLS.

On the 28th of January, 1885, Mrs. S., a widow, twenty-three years of age, pregnant in the fifth month with her second child, met her death under the following startling circumstances:

On the afternoon of the above date, Mrs. S., while entirely alone, took advantage of the absence of her parents to try what

virtue there might be in the cold douche, when directed against the os uteri, toward producing an abortion. She had, a few days before, expressed to her sister the desire for riddance from her present condition, wishing to be delivered of the child in utero.

For two hours her parents were absent on that afternoon, from 3 to 5 o'clock. On their return they at once, on entering the house, missed their daughter, Mrs. S., in whose care they had left their home during their absence; on making search for her, they sought her bed-chamber; finding the door locked, an entrance was forced. A sad sight met their gaze. There lay the dead body of the daughter, whom they had left in perfect health not three hours before. Between her limbs was a basin of cold water in which lay a Davidson syringe.

No post-mortem examination was made, but the testimony before the coroner and jury proved very clearly that no drug had been taken. It was evidently a case of death from shock produced by the stream of cold water thrown with criminal intent into the vagina and against the congested os of a pregnant uterus.

The patient was an extremely healthy lady who had suffered but little in her first labor, and that this strong constitution should so suddenly succumb to the cold douche should indeed be a warning to women of the danger in the use of so simple an instrument as the Davidson syringe.—*Weekly Medical Review.*

Typho-Malarial Fevers.

The prefix "typho" is proper in a certain class of fevers quite common to the South and other portions of this country, where malarial influences are rife or common. Previous to Dr. Woodward giving the combination of symptoms the title it now bears, it was called bilious fever, with a strong predisposition to typhoid malarial fever, and a strong predisposition to typhoid slow fever, etc. It seems to me that it is a wise addition to our nomenclature, as it defines a group of symptoms not well understood (so far as I know) previous to Dr. J. J. Woodward's able paper on the subject. Here is a case in point: This patient has been lingering for five or six days; complains of pain in the head,

back and limbs; urine high color; tongue coated brown in center, pinched or contracted, edges red, and in protruding it cups up and is slightly tremulous. She has taken a dose of patent pills, which produced hypercatharsis. Marked tenderness over bowels, and temperature ranging from 101° to 104° . Turpentine stupes to bowels. Aconite, gtt. x.; spts. nitr. dulcis, \mathfrak{z} ss.; potass. brom., grs. xc.; aqua q. s. to make \mathfrak{z} jv. Teaspoonful every two hours until patient gets quiet and skin is moist. Bis. sub-nitr., grs. xl.; pepsin, grs. xl.; oleum terebinth., gtt. lx.; tinct. opii., gtt. xl.; oleum ricini, \mathfrak{z} j.; aqua tepida q. s. to make \mathfrak{z} iv., with sufficient sacch. alb. and pulvis acaciæ to form emulsion. Sig. Two teaspoonfuls every four hours. Quinine, grs. x. three times a day. The bowels were checked, tongue was cleansed and patient clear of fever on the fourth day after the above treatment. Now was this a well defined case of typhoid fever? or was it a case of the so-called malarial fever? Verily it was neither, but a combination of the two, with the typhoid element predominating. Had this been a case of typhoid fever, it would not have yielded in so short a time to the treatment, neither would the temperature even have been so well marked had it been bilious remittent. The patent pills would not have produced so much hypercatharsis, but it is quite likely the pills would have produced no perceptible action, as only two were taken. (I do not remember whose pills were taken.) I am treating these fevers daily, and I am certain, from close observation at the bedside, that they truly represent a combination of symptoms that Dr. Woodward's prefix "typho-malarial" fully and satisfactorily represents.

W. S. BAIN, Caddo Mills, Texas.

Dysentery.

Regarding acute dysentery, Prof. Da Costa says the best treatment is ipecac., not to exceed gr. xx. every two or three hours, guarded with opium, and he has very marked results from this plan. It is especially good in puerperal dysentery, as Prof. Bartholow has pointed out. The opium plan (gr. ss. every two hours) is good. Next is Rochelle salts, one ounce in divided doses in the first twenty-four hours, and less thereafter. This

does not preclude the simultaneous use of small doses of opium. Both the ipecac. and the saline purgative plans should be abandoned in two days if no change in the condition of the patient is seen; they are rapid or valueless in their action. Next comes bismuth subnitrate, gr. x-xx. every two or three hours. The use of ice-water injections three or four times a day was originated by him some years ago; they are very valuable. Sinapisms are useless and blisters harmful.—*Med. Chronicle.*

Rheumatism.

Dr. Dumars, of Peoria, reports the case of a man about forty-five years of age, the janitor of the building in which his office is located, who had been a sufferer from rheumatism for nearly ten years. The attacks were very frequent and very severe, often necessitating the use of crutches, and would not yield to treatment with any degree of certainty. During the paroxysms relief from pain was secured only by the use of morphine. Having received a sample bottle of Tongaline, he gave it to his patient, who derived so much benefit from the use of its contents that he took the remedy regularly. Having used three bottles within four weeks, he found himself entirely free from the complaint, and have experienced no recurrence since, although eighteen months has past, and he has been able to attend to all his duties during two very severe winters.

The Iowa State Eclectic Medical Society.

To the Eclectic Physicians of Iowa:—We herewith hand you the announcement of the Eighteenth Annual Meeting of the Iowa State Eclectic Medical Society, to be held at Grinnell, Iowa, June 3rd and 4th, 1885.

It is anticipated that this meeting be made the largest yet held, and to this end is urged the hearty support and co-operation of every member of the society, hoping each will contribute earnest personal effort to make this a memorable event in the history of the association, and one that will reflect credit to the cause of Eclecticism in the State.

It is hoped each member will extend this invitation to worthy physicians in sympathy with us, in the respective locality of

each, and urge the necessity of their attendance at the meeting.

It is expected that Prof. A. J. Howe, of Cincinnati, Ohio, will be present and give a public address on the evening of the 3rd, to be followed by a Reception at the residence of Dr. Harris.

The Museum of Grinnell College—one of the finest in the West—will be open to the society.

The Committee of Arrangements are negotiating for reduced rates at hotels and on all lines of railroad.

Come all, and devote two full days to the good of the cause.

At our last Annual Meeting a Bureau was formed for the classification of all written articles to come before the society, and the following named physicians were elected chairmen of the various departments:

CHAIRMEN OF BUREAUS.

Bureau of Surgery—Dr. O. P. Shoemaker, Des Moines.

Bureau of Eye and Ear—Dr. Levi D. Johnson, Oskaloosa.

Bureau of Throat and Lungs—Dr. E. H. Harris, Grinnell.

Bureau of Nervous Diseases—Dr. C. J. Cook.

Bureau of Physiology—Dr. D. T. Richards, Tama City.

Bureau of Skin Diseases—Dr. James Miller, Rockwell City.

Bureau of Anatomy—Dr. H. O. Conaway, Des Moines.

Bureau of Practice of Medicine—Dr. E. H. Carter, Des Moines.

Bureau of Materia Medica—Dr. J. A. Martin, Des Moines.

Bureau of Medical Jurisprudence—Dr. Miller, Correctionville.

Bureau of Gynæcology—Dr. J. A. McKlveen, Chariton.

Gentlemen, with a little extra exertion on your part in soliciting assistance from the members, you can make your several departments interesting and instructive.

A fine case of dissecting instruments will be presented to the chairman whose department is best represented with meritorious articles.

A. C. SHERWOOD, M. D., *Pres.*,

A. D. MOXLEY, M. D., Cor. Sec'y, Marshalltown, Ia.

Kellogg, Ia.

Urticaria and Dyspepsia.

The relation between these two affections is well illustrated in a case reported in the medical press, *Medical and Surgical*

Rep., by Dr. Banham, who gives brief notes of a case of urticaria occurring in an intelligent woman, æt. 25, which had recurred almost daily for two years past, and which had been accompanied frequently with dysphagia to such a degree that when she sat down to a meal swallowing was often found impossible, and the attempt induced such serious attacks of choking that those around were greatly alarmed. The patient had never shown any indication of hysteria. Dr. Banham saw this patient for the first time three weeks ago. He gave her careful directions as to diet and attention to the state of the bowels, and ordered her a mixture of bismuth and nux vomica, to be taken before meals. Within a day or two the attacks of urticaria subsided, as well as the dysphagia. He thought it not impossible that the difficulties of swallowing had arisen from the mucous membrane of the throat being affected in a manner similar to that of the skin.

Hamamelis Virginica in Hæmorrhage from the Bowels.

Mr. Richard Halpin reports, in the *British Medical Journal* for Jan. 31st, 1885, the following case, which illustrates the value of Hamamelis Virginica in the treatment of hæmorrhage. The case was that of a cabinet-maker, aged forty-four, who had been subject for eight years to bleeding from the rectum. In 1877 he suffered from an attack of pleurisy of the right side, and during convalescence noticed that he was passing blood in his motions in considerable quantities. The hæmorrhage was periodic, coming on in alternate months, lasting four weeks at a time. The blood was passed in the morning, immediately after the bowels had been relieved. It was bright red in color, usually fluid, but sometimes coagulated, and amounted to about two ounces. The patient's general health suffering considerably, he was reduced to a condition of great debility, and was forced to seek advice at St. Bartholomew's Hospital. He was found, on examination, to be free from piles, fistulæ, etc., and was treated, with little or no benefit, as an out-patient. In November he was admitted as an in-patient at the Royal Hospital for Thoracic Diseases, and was found to have taken almost every drug in the pharmacopœia. But the hæmorrhage still continued. Knowing the value of hamamelis in these cases, it occurred to Mr. Halpin

that the aqueous distillate of the fresh bark, known as hazeline, might be of use, and he accordingly injected an ounce, diluted with a small quantity of water, into the patient's rectum, giving at the same time half a drachm by the mouth every three hours.

The bleeding was at once arrested, and although the patient remained for some weeks under observation, there was no return of his old trouble.

This case, even though an accurate diagnosis is lacking, we venture to think, affords conclusive proof that we have in *Hamelis Virginica* a drug which may be relied on for the treatment of a very obstinate class of cases. Mr. Halpin also mentions the fact that equally good results have in his hands attended its use in cases of pulmonary hæmorrhage.—*Therapeutic Gazette*.

Urethral Spasm in the Female Relieved by Cocaine.

Dr. George Newell Hall writes that he was called to see a married lady, twenty-five years of age, who was suffering from retention of urine and considerable pain. She stated that she had been subject to these attacks from childhood, and had taken opium for their relief from the time she was thirteen years old. The spasms lasted, as a rule, for forty-eight hours, and were accompanied with considerable pain and a constant desire to urinate. An attempt to pass a catheter was unsuccessful. A grain and a half of cocaine was then dissolved in an ounce of water, and the catheter being introduced as far as the obstruction, about half of the solution was injected into the urethra. In about five minutes the catheter was again introduced, and passed with ease into the bladder.—*N. Y. Med. Record*, March 21, 1885.

A New, Successful and Palatable Medicine for the Treatment of Tape-worm.

Under the above title, Dr. Howard Pinkney (*San Francisco Med. Lit. Journ.*, Jan. 1885), writing from Sharon Springs, describes his experience with the oil of the pine-needle, made from the *pinus pumilio*. A hall-boy of the hotel had suffered for five years from tape-worm. He had been treated for four years in New York, but never had succeeded in getting rid of over four links at a time. Dr. Pinkney, not being able to get

any male fern, pelletierine or pumpkin seeds, therefore made the following experiment: The patient fasted from breakfast, and at 9 P. M. he was given one teaspoonful of oil of pine-needle in half a glass of milk. The following morning, as there was no perceptible action of the medicine, the dose was doubled. This, the boy said, had a most agreeable taste. One hour later he took a dose of castor-oil, and in the course of two hours after this he passed an entire *tænia solium*, measuring fifteen feet six inches in length, and one-half inch at its broadest part, gradually tapering down to almost a thread. To be positive that none remained behind, he was given two teaspoonfuls more, but no sign of any worm or any part thereof passed. "This oil," writes Dr. Pinkney, "contains no turpentine, is fragrant in its odor, and, when mixed with milk, very agreeable to the taste. It produces no strangury, tenesmus, or other unpleasant or distressing symptoms. The patient can generally pursue his ordinary avocations."—*Therapeutic Gazette*.

Bromidia.

Dr. J. S. Jewell, editor *Journal of Mental and Nervous Diseases*, and Professor of Mental and Nervous Diseases, Chicago Medical College, Chicago, Ill., says: "I have used Battle & Co.'s preparation known as Bromidia, and believe it to be as reliable as it is represented to be by its proprietors. I have thus far been pleased with its effects."

Condensed Milk for Bottle-Fed Babies.—By BENJAMIN EDSON, M. D., BROOKLYN, N. Y.

I am fully aware that writers and *quasi* authorities have very generally condemned this kind of milk, chiefly on account of the large amount of sugar it contains. Most of those who have admitted the value of condensed milk for infants have drawn the line between that sold in bulk and that put up in tins.

That delivered from wagons not unfrequently becomes unfit for use in less than twenty-four hours. That in tin cans will keep sweet indefinitely.

The objections to the canned condensed milk seem to be theoretical, rather than based upon the result of actual expe-

rience. In short, *experience* must be the final arbiter as to the fitness and value of any material as an article of diet.

As regards canned condensed milk, I am not aware of any instances where it has been faithfully and intelligently used and proved a failure. I do not know of any series of cases in which any constant illness or departure from health has resulted. I have yet to learn of any disease produced by its proper use, or that it fails to sustain and promote the healthy and hardy growth of the infant. I think it remains to be demonstrated that pure sugar, in the quantity used in preserving condensed milk, is in any way unwholesome for the young child. — *Archives of Pediatrics*.

How to Administer Santonine.

Kuechenmeister has shown that lumbrici lived in a mixture of albumin, santonine and water, but they succumbed in a few minutes to an oily mixture of santonine. Experience has proven the necessity of direct contact. Santonine powder or troches are not a good way of administration, for the santonine is then mostly absorbed in the stomach. The only rational preparation is an oily mixture, which is slowly absorbed in the intestines. In any other mode it has a toxic effect with many, but given with ol. ricini is not disagreeable, and very efficient. — *Med. Bulletin*.

Needless and Useless Coughing.

The *Weekly Review* gives the following formula, the favorite of a physician, who writes for the relief of what he calls "needless and useless coughing": R. Acetate of morphine, $1\frac{1}{2}$ grs.; nitric acid dilute, $1\frac{1}{2}$ drs.; oxymel of squills, 6 drs.; mucilage of acacia, $2\frac{1}{2}$ oz.; glycerine, 2 drs.; syrup of red poppy, 2 oz.; cinnamon orange water sufficient to make the whole equal 6 oz. M. To take one or two teaspoonfuls five, six or seven times in the twenty-four hours. The coughing in pertussis may be similarly relieved.

Bowel Obstructions.

There is no practice common among physicians more barbarous than the administration of cathartics in bowel obstructions.

* * * Opium, to completely arrest peristaltic action, allay all spasmodic contraction and relieve pain, first. Then the

gradual injection of lard oil, at a temperature of 98° or 99° F., until all yielding obstructions are overcome. If relief is not obtained, continue the opium, with or without laparotomy; but don't set up within the patient a little hell on earth by the administration of purgatives.—J. D. SMITH.—*Med. World.*

To Abort Sick Headache.

Dr. W. G. Wylie says that he always shortens, and sometimes entirely aborts, sick headache, by the following plan: As soon as the first pain is felt, the patient takes a capsule containing one grain of inspissated ox-gall and one drop of oil of gaultheria, and repeats the dose every hour, until relief, or until six have been taken.—*Detroit Lancet.*

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ORIGINAL COMMUNICATIONS.

ART. XXV.—Røetheln.—BY PROF. E. YOUNKIN, M. D.

Røetheln is an exanthematous disease, the eruption of which greatly resembles that of measles, and on account of its close resemblance it is called *spurious measles*, *German measles*, *roseola* and *rose-rash*. While it bears a resemblance to measles, the two diseases are distinct from each other, for røetheln does not protect from measles, neither do measles protect from røetheln.

The two diseases above mentioned are quite liable to be confounded, which, in my opinion, accounts for the fact that children are often said to have had measles the second time. In my judgment, either the first or second attack was røetheln, and that the diagnosis either in the first or second case was erroneous.

Røetheln, therefore, becomes an important disease to the physician, not so much on account of skill required in its management, as it does from the required skill in diagnosis. A mistaken diagnosis is always an embarrassment, and to be able to distinguish røetheln from measles, and measles from røetheln, adds to the conscience and confidence of the physician.

Røetheln is sometimes preceded by slight fever, and within the space of a day or two an eruption is seen upon the face, arms and neck, and in a few hours more it spreads to the rest of the body. It appears in small distinct patches, paler and more irregular

than measles. It may appear lively and red at first, then it acquires a paler tinge, and is attended with a degree of tingling and itching. The pharynx exhibits the same hue, and the patient feels a sort of roughness and dryness in swallowing, but the catarrhal symptoms usually attending measles are not so marked. The eruption still continues bright on the second day, and then, beginning to decline, it fades and disappears about the fifth day. Sometimes it ends by desquamation.

These are the typical symptoms, but other cases may present more severity; the exanthem may be greater, the rise of temperature more marked, the catarrhal symptoms more significant, the post-cervical glands may become swollen, and the disease may present many symptoms in common with scarlatina.

It is in these cases that the diagnostician will often be confused. Whilst the eruption differs somewhat from measles and scarlatina, the diagnosis, in many cases, is difficult and perplexing only in proportion to the view we take of the constitutional manifestations.

The efflorescence of rætheln is not so great as in scarlatina, and the papillæ are more marked than in measles and less marked than in scarlatina. In the Children's Hospital, Chicago, among 140 inmates, 95 had rætheln. These occurred within five weeks from the first introduction of the disease. There were no premonitory symptoms. In 25 per cent. the eruption had the appearance of measles, though most of them had measles the preceding winter or spring; in 10 per cent. the bronchial irritation, etc., resembled that of measles. In three or four cases the disease had a tendency to become confluent. Others had papules in the roof of the mouth, and in 20 per cent. there was pharyngitis and laryngitis. In some the pulse rate was high, but the temperature did not rise; nausea and vomiting were rare.

Dermatologists are attempting to subdivide this disease according to the causation and most prominent symptoms. For instance, when it occurs from the summer's heat it is called rætheln *æstiva*; when in the fall of the year, rætheln *autumnalis*; when it attacks children in the period of teething, it is rætheln *infantilis*; when attended with fever, rætheln *febrilis*;

when it attends an attack of rheumatism, it is rœtheln *rheumatica (et arthritica)*. But such a nomenclature only becomes a burthen, and it is sufficient to know that rœtheln may present shades in its symptoms, and that, too, without sufficient guarantee for such divisions.

As intimated above, a description of rœtheln is not so important here on account of any difficulty in its treatment, as it is to keep up the distinction between it and other exanthems.

We often prescribe a placebo, as something is more satisfactory than nothing; though cases will be met with where actual medication will be required. The eruption occasionally appears and disappears again and again without perceptible cause, or in consequence of violent moral affections, or after the injection of spiced food or heating liquors. The recession of the efflorescence is usually attended by derangement of the function of the stomach, by headache, a state of languor, lassitude and fever, which symptoms require to be treated by moderate abstinence, acidulated drinks, and occasionally by sedatives and gentle laxatives.

In occasional cases of rœtheln the eruption continues through an undetermined period, and hence may assume a chronic form. It may now appear in the form of rosy rings, the centres of which are of the natural color of the skin. These rings are quite small at first, but gradually grow larger in diameter. In the morning the efflorescence is always less vivid; it revives towards evening, and causes itching and tingling during the night. If it vanishes or fades, the stomach becomes disordered, languor, vertigo and pains in the limbs are complained of, symptoms which are generally arrested by a tepid bath and the use of mineral acids.

Thus it seems that rœtheln forms a kind of connecting link between erythema and urticaria.

ART. XXVI.—Poisoning from the Castor-Oil Bean.—By F. W. OWEN, M. D.

In June number of the JOURNAL, Dr. Lowrance asks for information regarding the castor-oil bean through the JOURNAL. Having had a little experience with the poisonous effects of this bean, I will contribute what I know.

The first of last February I was treating a little boy of Mr. R.'s, who was suffering from an attack of catarrhal pneumonia. One day when I was just starting from the house of Mr. R., Mrs. R. asked me for a few pills to give another one of the children, who, she said, was bilious. After looking, I did not have the kind of pills she wanted, so she said she would give castor-oil instead. About supper-time Mrs. R. gathered a few castor-oil beans from a plant that had grown near the house, and gave one to her "bilious boy" (a lad of about five summers). Her sister, Mrs. W., seeing what was done, expressed her surprise at the administering of the bean as a medicine. Mrs. R. said she had been giving the bean in place of the oil, it being more pleasant to take. Mrs. W. had been sitting up with the sick a few nights, and feeling a "little bilious" decided to try the castor-oil bean on herself and little girl that was not well. So, on the recommendation of Mrs. R., Mrs. W. took a whole bean, also gave one to her little girl aged six years.

About 12 o'clock that night I was hastily summoned to the house of Mr. R., to see Mrs. W. and little girl. Upon arrival, I found the three that had taken castor-oil beans about supper-time very sick. Mrs. R. said that she thought that they all had cholera morbus. They vomited incessantly, and complained of cramping pains in the bowels, with free purgation. As I knew nothing of their taking the castor-oil beans, I supposed it to be due to an error in diet.

The usual remedies were given to check vomiting, with no effect. I then inquired if they had taken any medicine, seeing all affected alike. Mrs. R. said, "nothing, except a castor-bean apiece;" which, she said, she often gave in place of castor-oil, but had never witnessed any bad results from them. The trouble was then explained. The patients had sub. nit. bismuth, nux vom., ipecac., etc. But finally had to administer small doses of sulph. morphia and chloroform to relieve Mrs. W. The symptoms gradually passed off, and in twelve hours all were convalescent.

The bean was of the variety known as the tick bean. Neither family wishes to experiment with the castor-oil bean any further.

**ART. XXVII.—The Ohio State Eclectic Medical Association.—S.
D. MIRANDA, M. D., SEC'Y.**

The Ohio State Eclectic Medical Association met in this city on Tuesday and Wednesday, June 9th and 10th, in the large and handsome "G. A. R." Hall. All the officers were present. The President (Dr. Gemmell) opened the meeting, and delivered an address replete with choice thoughts and suggestions. After business of minor importance, the Committee on Credentials reported favorably on five names, and they were duly installed. Dr. J. C. Butcher then read a paper on "Uterine Displacements" and treatment therefor, fully illustrating them with charts. Meeting then adjourned to meet again on Wednesday morning at 9 o'clock.

The members then repaired to the Western House to witness amputation of a leg by Dr. Russell.

At 8 o'clock in the evening the members of the State Association were banqueted by the "Central Ohio Eclectic Medical Association" at the Lagonda House. All fared sumptuously and were merry. The following toasts were named and responded to: "Modern Surgery," by Prof. A. J. Howe; "Woman in the Medical Profession," by Mrs. Anton; "The Country Doctor," by Dr. Rush; "The Treasurer," Dr. James Anton; "The Northwestern Eclectic Medical Association," by Dr. DeCrow; "Physician's Etiquette," by Dr. J. C. Butcher; "The Man Mid-wife," by Dr. Williams; "The Young Physician," by Dr. Wintermute. "The Central Ohio Association," by its President, Dr. Boyer; "The National Association," by Prof. A. J. Howe.

The Association met on Wednesday evening according to adjournment, with a very large attendance. Prof. Howe suggested the officers for the ensuing year be elected while all were present: President, Dr. H. DeCrow, of Galion, Ohio; First Vice-President, Dr. J. C. Butcher, of Urbana, Ohio; Second Vice-President, Dr. D. Williams, of Alexandria; Recording Secretary, Dr. S. D. Miranda, of Springfield, Ohio; Corresponding Secretary, Dr. W. E. Boyer, of Catawba, Ohio; Treasurer, Dr. James Anton, of Lebanon, Ohio; Librarian, Prof. A. J. Howe, of Cincinnati, Ohio.

In the afternoon session the newly elected officers were installed and took charge of the meeting, each replying in a neat speech. After preliminary business came the presentation of clinical cases. Dr. Crismore presented a varicose ulcer of the leg—discussed by Drs. Howe and Russell. Dr. Bloyer presented a case of periostitis in a child. Dr. Outland, case of chronic laryngitis with aphonia. Dr. Reynolds, paralysis from congenital syphilis. Dr. Cole, a case of chorea. Dr. Russell then presented two surgical cases—one of contracted muscles of the hand from an injury, and one of cleft palate and double hare-lip; both were operated on, and are doing well at this writing. It was decided by ballot that the next meeting be held in Urbana, Ohio, time of meeting left to the Executive Committee. Dr. Russell then delivered an interesting address on the “cicada,” or seventeen-year locust, after which the meeting adjourned.

SPRINGFIELD, OHIO, JUNE 12, 1885.

ART. XXVIII.—Direct Medication.— BY GEO. C. PITZER, M. D.

[CONTINUED FROM PAGE 261 JUNE JOURNAL.]

Helonias Dioica.—We employ the fluid extract of this drug, and regard it as one of our most valuable adjuncts in the treatment of diseases of women. In combination with aletris, macrotys, caulophyllum, and other drugs of this class, it proves exceedingly useful as a uterine tonic. It relieves excitement, improves nutrition, and gives strength to the female generative organs, and in this way aids in relieving menorrhagia, amenorrhea, subinvolution, etc. We use it frequently and freely in our prescriptions where we need a uterine tonic, and especially in cases characterized by mental depression. *R.* Fluid ext. *helonias*, ℥ss.; tinct. *pulsatilla*, ℥j.; syr. wild cherry, ℥iijss. *M. S.* One teaspoonful four times daily. This, alternated with chloride of gold, serves an excellent purpose in cases of hysterical melancholy; and if a perfect cure is not wrought, the conditions are so greatly modified that time and care will, in many cases, completely restore the patient. It should be remembered that we do not always *cure* our patients—Nature does this—but if we can *start* a cure, or use means to excite indolent organs to manifest healthy functions, then we do well.

The general practitioner should not neglect to appropriate helonias, for, given alone or in combination or alternation, it is one of our best remedies.

Ingluvin.—Ingluvin is prepared by Wm. R. Warner & Co., from the gizzards of the chicken, and furnishes one of the finest remedies known to the profession. The dose ranges from five to twenty grains, three times daily. To aid digestion in feeble conditions of the stomach, and where patients are troubled with flatulence, nausea, or sick stomach after eating, we always advise ten grains of ingluvin *after meals*. In many cases this remedy will be found entirely superior to the ordinary pepsin in the market; and it has the advantage of being more permanent in quality. Ordinary pepsin, unless very well protected, will spoil on our hands; in a short time it will smell worse than carrion. Ingluvin has no very pleasant odor, but it is clean and sweet as compared with late specimens of Jensen's pepsin.

In cases of vomiting in pregnancy, ingluvin is a superior remedy. Five grains taken immediately *before* meals will frequently enable the patient to retain whatever may be taken. If we had no other use for ingluvin than this, we should regard it as one of our most important remedies, for the nausea and vomiting suffered by pregnant women is the next thing to intolerable, and a remedy that would relieve it is of inestimable value.

Iodoform.—As an internal remedy we have used iodoform to a limited extent only, and cannot say much in its favor. As a local remedy we have used it extensively, and prize it very highly. The principal objections to the use of iodoform are, its unpleasant odor, and the difficulty with which it is dissolved, or mixed with excipients. Various means have been suggested for disguising the odor, but after testing many of them we have abandoned all of them, and when we desire to use iodoform we prepare it in the most appropriate form for our case, regardless of the odor.

Finely powdered, iodoform may be applied dry to chancres, ulcers of any kind, old sores, fissures, etc., with the very best results. The first decimal trituration of iodoform used in the same manner, in similar cases, will frequently accomplish as much as the pure drug. Such applications are very soothing

and healing in syphilitic ulcers, fissures of the anus, and all open sores, whether simple or malignant.

In cases where we cannot reach the parts with a powder, we resort to iodoform and cocoa-butter suppositories (iodoform grs. iij., cocoa butter grs. xx.). These are very appropriate in cases of fissure of the anus and piles. Smaller suppositories are prepared for urethral and intra-uterine use, and their application in urethritis, cervicitis and endo-cervicitis has been very satisfactory in our hands.

Where it is desirable to keep iodoform in apposition with an external part, we may suspend one drachm of finely powdered iodoform in an ounce of collodion and apply directly to the spot. This makes a very good application for external syphilitic sores. A very effective prescription for open chancres is put up as follows: R. Iodoform, salicylic acid, aa ʒj.; collodion, ʒj. M. S. Apply quickly with a brush. This is also an excellent local application for goitre. It may be applied all over the enlarged gland, and renewed as often as it wears or comes off. If the application excites very much redness or irritation of the skin, the salicylic acid may be omitted for a while, using the iodoform and collodion alone. Many cases of goitre, even cases of long standing, may be radically cured by these applications. In cases where the skin is not abraded and we do not care to hold the iodoform in place so long, we may dissolve one drachm of iodoform in an ounce of sulphuric ether and apply it with a brush. This may be used in cases of goitre and enlarged glands generally.

Iodine.—This is a potent remedy, and in its place is capable of accomplishing great good. In daily practice we occasionally use the tincture of iodine externally, and order it to be taken internally. As a local remedy it is useful in reducing glandular swellings, and enlargement of the liver and spleen. But a solution of iodine in oil of juniper is far preferable to the ordinary tincture in all cases where we seek for the deep resolvent effects of this drug. In fact, iodized oil of juniper, alternated or mixed with uvedalia ointment, make the most effectual local application we can prescribe for enlarged spleens and livers. This same solution will be found useful in enlarged joints of a rheumatic or gouty origin.

Pure tincture of iodine is a very popular remedy for hydrocele. Two drachms of the undiluted tincture may be injected directly into the sac. The water may be drawn off first, and the tincture injected through the canula of the trocar; or the tincture may be injected with a hypodermic syringe without drawing off the water. We have always drawn off the water first, or tapped the hydrocele as it is called, and injected through the canula, but it is said that to inject with a hypodermic syringe, throwing the tincture into the sac when it is diluted with the water, is just as effectual, and not nearly so painful. The injection of the tincture of iodine into the substance of the tonsils, the spleen, and other organs, has been practiced with varying results. Such operations are not always free from danger, and we do not recommend their practice.

The only case in which we use tincture of iodine internally is incontinence of urine. One or two drops, three times daily, will cure some cases of "wetting the bed" after all ordinary measures fail.

Iodide of Potassium.—Of all the preparations of iodine this is used the most extensively. It is used freely as an antisyphilitic remedy, and enormous doses are given in many cases, and its use long continued. This drug has a tendency to increase the waste of the body. In some cases it will gradually and certainly reduce the flesh of the patient, increasing the waste till it is greatly in excess of nutrition. In other cases it will promote all the secretions, and seem to increase the waste, but at the same time nutrition is improved and the patient actually gains in weight. A lady patient of ours, of spare habit, was suffering from pain in the head and threatened paralysis. Iodide of potassium was prescribed in increasing doses, commencing with ten grains, three doses daily, increasing one grain each dose till a dose of one hundred grains was reached. The doses were then lessened one-half, and continued for several weeks. The patient grew quite fat, and although she lost one eye from the pain, and was partially and permanently paralyzed on one side of the body, she regained her general health, has been even remarkably healthy and very fat ever since she took the iodine, which has been four years from this writing.

Iodide of potassium is not well borne by some people, very small doses producing burning sensations in the mouth, throat and stomach. At the same time food of all kinds is loathed, and a feverish restlessness is suffered. In such cases we are forced to stop its use. In other cases we can continue its administration in liberal doses for weeks and months without inconvenience. From this it will be seen that iodine is a drug that has to be handled with caution and its effects carefully watched.

While iodide of potassium does effectually renovate the system in many cases of syphilis and other constitutional diseases, it should be remembered that it may do great harm. It may weaken the nervous system, diminish the sexual appetite, lessen the power for intercourse, loosen the teeth, cause the hair to fall out, and impair the system in every way. Much of the evil attributed to mercury in the treatment of syphilis should be referred to the reckless use of iodide of potassium. But none of this should deter us from using this drug in cases where we feel sure we may do good with it. A constitutional remedy, given in small doses, it is potent for good in scrofula, various skin diseases, glandular enlargements everywhere, syphilis, intermittent fevers, lead disease, paralysis, etc. The common use of this drug is so well known that we regard it almost useless to say very much in its favor, the precautions above mentioned seeming to us to be of more importance.

[TO BE CONTINUED.]

ABSTRACTS.

Masturbation in the Female.

Uterine hæmorrhage may be due to congestion of the ovaries. If the congestion is marked, it may be the result of self-abuse. I do not think that this practice is by any manner of means as common in the female as in the male. There are several reasons why this should be the case. In the first place the genital organs of the woman are internal, and are not liable to the same irritation as are the organs of the male. Simple mechanical

irritation will cause erection of the penis without any erotic feelings whatever. In the second place, by a wise provision of Providence, man is made the aggressive creature. If woman were the aggressive party, there would be very little virtue in this world. The passions of the male are as a rule much stronger than those of the female. This is seen in the lower animals, for the female often tries to prevent the approaches of the male. Virgil has some celebrated lines bearing on this point, telling how during the rutting season the stallion will dash over plains, leap over fences, wade through streams and swim over rivers in order to get at the mare. Another reason why the practice is not as common in the female as in the male, is that at the present time there are very few women in a condition of typically good health, and therefore their passions are not so strongly developed. As I have said, I do not think the practice is as common in females as in males, still it does occur in boarding schools and also in our public schools. Not only are these habits practiced, but there have been circulated among the pupils of the public schools pamphlets of a pernicious character, as I learned when I was on the committee to look into the spread of this foul literature. We found that pamphlets of the most debasing character had been distributed in the public schools.

When masturbation has been practiced for any length of time, the evidences can often be discovered by examination of the external organs.

Masturbation is not so readily accomplished in the female as it is in the male. Many females who practice this vice never reach the orgasm. It seems as though it were necessary that the whole vagina should be dilated and impinged upon as in the natural act. I have taken a good deal of interest in the investigation of this matter, and I have seen a number of cases where masturbation was practiced without the orgasm being reached, there being produced simply excessive excitement, the masturbator being obliged to desist from sheer weariness. This will explain why it is that when masturbation is practiced by the female it is carried to a much greater extent than it is in the male. I had a female patient who masturbated as often as eight times in a day. There is no male that could stand such a drain on the system.

It would end in excessive prostration, spinal trouble, or insanity. In that case, in spite of the use of the largest doses of bromide of potassium, which is a specific for this condition, if there is a specific, in spite of all moral persuasion that could be brought to bear, the practice was continued. I applied cantharidial colodion to the whole vulva, producing a really cruel condition, but still the practice was continued. Under such circumstances the habit is a disease.

What does masturbation in the female produce? It will cause intense congestion of the ovaries, and this will lead to the same condition in the annex of the ovaries, the womb, for the womb is really an annex of the ovaries. The womb is simply a pouch, while the ovaries are something more than that. This may lead to the production of an ectropion of the lining of the canal, and on two or three occasions I have found it very difficult to decide between this condition and laceration of the cervix. In two of these cases the hymen was present. On looking at the part, it closely simulated laceration, and the test with the tenacula failed to reveal the nature of the condition, for the tissues were so infiltrated and soft that they could be brought together covering up the erosion. In these cases I am satisfied that masturbation was practiced.

What are the evidences of masturbation as revealed by an examination of the parts? In the first place the clitoris is much elongated, and the prepuce is hypertrophied and thrown into wrinkles. The nymphæ, which start from the clitoris and form the hood of the prepuce, from being rubbed become lengthened and thickened, and often there is more or less redness of the parts.—*Goodell in Medical Bulletin.*

The Rarer Accidental Effects of Salicylate of Sodium.

The extensive use which is made of sodium salicylate, and the very large doses of this drug which are now administered, make it desirable that its rarer accidental effects should be widely known, especially as they simulate the symptoms seen in acute eruptive fevers, are of a very grave nature, and have in a few instances led to a fatal issue. It is scarcely necessary to allude to the more common by-effects of the salicylate of sodium, such

as profuse perspiration, headache, tinnitus, deafness, vertigo, and delirium of a highly exciting nature, and all those relating directly to the internal tract, such as nausea, vomiting and diarrhea. In the *Medical Chronicle* for December, 1884, Dr. Dreschfeld calls attention to the rarer effects produced by this drug, such as a rise of temperature, which may reach 104° or more; such as erythema and urticaria, dyspnea, with great oppression and amaurosis; and he reports several cases in which one or more of these symptoms followed the use of this drug in ordinary doses. In one of these—that of nephritis after an attack of diphtheria—salicylate of sodium was given, and was followed two days after the commencement of its use by a sudden rise of temperature to 103° , severe headache and drowsiness, dry and brown tongue, nausea and vomiting, with a pulse of 120. These symptoms continued to increase in severity. Two days later the patient appeared to be sinking, and although the presence of pus in the urine and of pain in the left renal region seemed to point to pyelitis and pyemia, yet the symptoms corresponded to neither the one nor the other.

The salicylate was then stopped and fifteen grains of quinine given, and in the course of a few hours the temperature came down to normal, and on the next day the patient was in every way very much better; but the urine contained considerably more pus, and in consequence of this the salicylate of sodium was again administered, to be again followed on the next day by headache and drowsiness, and the appearance of a marked erythematous rash on the face, chest and arms, the temperature being 103.4° , and splenic dullness again increased, with the tongue brown and dry. The drug was again stopped, and on the day after the patient had again greatly improved. Five days later the same symptoms were again noted, and on examining the urine with perchloride of iron the salicylic acid reaction was obtained, and it was therefore concluded that the patient must have received by mistake a dose of the salicylate. This constant sequence of symptoms after the use of this drug, and their immediate disappearance when its use was suspended, seemed clearly to prove the causal connection between the administration of the drug and the symptoms above detailed; but in order

to make it quite sure that these attacks were actually produced by this medicine, Dr. Dreschfeld once more tried a small dose of the salicylate. Five grains were given at 2 P. M., the patient's temperature being then normal, the urine containing a mere trace of albumen and pus, the tongue clean, pulse 72, respiration 18. One hour after the administration of the salicylate the patient had a rigor; the pulse was then 120, the temperature 100.2°, respiration 39, and there was great dyspnea and oppression, the patient being drowsy, her face dusky, and her lips bluish; three hours later the temperature had risen to 101.4°, and a marked erythematous rash was seen on the face, back of arms, and forearms; just as in the previous attacks, so also here, these symptoms disappeared on the discontinuation of the use of this medicine. There can, therefore, be no doubt but that the symptoms above detailed were due to the salicylate of sodium. It is curious to notice that the idiosyncrasy for the drug increased with each successive administration; for, while during the first administration the symptoms only came on on the third day, on the last attack the patient's temperature rose three degrees in one hour after the administration of five grains. The symptoms were not always the same; rash was scarcely perceptible during the first attack, the sickness was absent during the third attack, and the dyspnea was chiefly marked during the first and last attacks, while the rigor was only present in the second and fourth attacks. It was noticed that immediately after each attack the patient passed urine which contained more urea.

Cases of a similar description appear to be of quite rare occurrence, since Dr. Dreschfeld was only able to find records of four cases in which the use of this drug was followed by marked rise of temperature, though experiments on animals have proved that the use of salicylic acid and its allies may be followed by a febrile increase of temperature. The skin eruptions, without pyrexia, however, appeared to be more frequently seen, as several cases have been reported in which urticaria has resulted from the use of this drug in rheumatism. As regards the dyspnea, cases reported by Quincke and Ogston show that this may form the most prominent feature in this complex of symptoms, and may even lead to a fatal issue; while Dr.

Dreschfeld further states that he has himself seen this peculiar by-effect twice—once in a case of phthisis, where from its sudden onset it was at first attributed to pneumo-thorax, and once in a case of rheumatic arthritis complicated with mitral regurgitation. Experiments on animals have shown that the influence of the salicylate of sodium on respiration is very similar to that observed in the cases given above. Small doses increase the respiration; large doses produce marked dyspnea, often with diminished respiratory frequency, and eventually death seems to be caused by paralysis of the respiratory center.—*Therapeutic Gazette*.

A Case of Poisoning by Morphia and Atropia.—BY P. J. FARNSWORTH, M. D.

A young practitioner was called to see Mrs. V., a woman of about thirty, mother of four children. She had been taken with what she supposed to be premature labor pains, not expecting to be confined before two months. It was about midnight. She stated her case, and he administered a full dose of morphia, say half a grain, as the pains were severe. This seemed to quiet the pains, and he portioned out five powders containing, as he judged, one-eighth grain of morphia and from one-fortieth to one-thirtieth grain of atropia, with directions, if the pains returned, to give one in half an hour. Being very sleepy, from being up the night before, he went home, there seeming to be no reason for remaining. In half an hour the pains returned and a powder was given, in half an hour another, and so on at the end of each half hour. At three there was a gush of water and some hemorrhage; the husband said his wife seemed very stupid, and told him she was comfortable. At four she was breathing somewhat heavily and could not be roused. The doctor was sent for at once, who tried to arouse her with douches of cold water and with a galvanic battery, to all of which she seemed entirely insensible.

Council was called about six in the morning. We found the woman in a very profound sleep, face flushed, pulse 130, respiration twelve per minute, regular, temperature 100°; raising the eyelids the pupils were widely dilated. Insensibility seemed

complete; touching the conjunctiva caused no pain. The doctor informed us what the patient had taken, and of what he had done to resuscitate her. An emetic of zinc sulphate, followed by a tablespoonful of mustard, had produced only a slight emesis. There had been no change in her condition for an hour. We decided to discontinue treatment and watch for results. On making an examination of her abdomen we found the breech of a child partly extruded. It was pulseless and had evidently been there for some time. This was removed with the membranes without the least hemorrhage. It was a child of full term apparently. The appearance of the patient was that of a person profoundly anæsthetized, with slow but regular respirations, a tense, rather quick pulse, a dry skin, with some punctate redness about the face and shoulders, dry tongue and widely dilated pupils. These were signs of poisoning from both drugs, with the dangerous symptoms left out.

One of the children shut a door suddenly and she gave a start. We found that any sudden noise would rouse her, but not to consciousness—a clap of the hands, a blow of a hammer—while all other noises or excitations produced no effect on her. She was put into an easy and comfortable position and allowed to be quiet.

At 6 P. M. she could open her eyes when spoken to, but immediately closed them again, and did not speak or move. The respirations became faster and the pulse softer; the temperature continued a little above normal. At midnight she roused up and motioned for water, and attempted to speak, which she could not do until her mouth and throat were wet. She complained of the light hurting her eyes, and then went into an easy sleep. At six the next morning she woke, and asked where she was and what the trouble could be; her throat was dry and sore, and she could not see clearly. She remained quiet during the day, taking some nourishment, and sleeping part of the time. In the afternoon she complained of severe headache, and the dilation of the pupils continued. One-eighth grain of morphia was then administered, which relieved the head and eyes. By the third day she seemed to be entirely well, and would have got up if she had been allowed. She had no recol-

lection of two of the days past, had no hemorrhage and no secretion of milk in the week that followed. It seems to me to be a very excellent demonstration of the antagonistic properties of morphia and atropia. The woman took, in three hours, over one and one-half grain of morphine and about one-sixth grain or more of atropia. A slight, nervous woman that the dose of either would probably have proved fatal to, even in the divided manner taken, yet, when together, they only produced a lasting anæsthesia, without any bad results following. The child had evidently died from want of attention, the contractions of the uterus being sufficient to expel it and the placenta, and also to shut up the mouths of the bleeding vessels.—*Iowa State Med. Reporter.*

The Dangers of Cocaine.

In the enthusiasm over this wonderful new remedy we have heard of its successes only; it is well that we should know of its ill effects also that we may guard against them, as many constitutions, especially those of delicate, nervous women, upon whom we are, in gynecological practice at least, most liable to use it, are very readily affected, even by the local use of small quantities. But different patients seem to be very differently affected by the drug. The ill effects I have recorded have been the result of the application of from ten to twenty drops of a four per cent. solution to the uterus or vagina, say about one-third to two-thirds of a grain.

Mrs. K., an extremely delicate, nervous person, suffering from great depression in consequence of a laceration of the cervix during her first labor, received all the benefits which could be expected from a local application to the intensely irritable cervix, but within two minutes after an application felt a certain pain and smarting at the point of the application. A few minutes later a nausea appeared, which continued for perhaps two hours, when it culminated in retching, which was more or less severe according to the quantity of cocaine used, and not till after the lapse of three or four hours did these symptoms disappear.

Mrs. W., an elderly lady of weak and nervous constitution,

suffering from prolapse and excessive irritability of vulva and vagina, was treated with the application of from ten to thirty drops of a four per cent. solution to these sensitive parts, preparatory to reposition and use of astringent tampons. The local effect was all that could be desired, but was accompanied by a most annoying oppression in the region of the chest, some dizziness and a nausea which continued for many hours.

Mrs. G., a stout, hearty-looking young lady, suffering from endometritis, received an application of cocaine to the very sensitive endometrium, preparatory to the use of carbolic acid. Upon her the constitutional effect was most delightful; for several hours after the application she felt well and happy, inclined to sing and be merry.

The internal administration of the drug, to which I have resorted in many instances to relieve the vomiting from chloroform after operations, is not without its dangers. In some instances a small dose does not have a distinct toxic effect; yet the poisonous effects seem to vary greatly.

Mrs. C., aged 28, in fair health, had undergone an operation for laceration of the cervix at 11 o'clock A. M. She was somewhat nauseated after recovering from the anesthetic, and was given from half to two-thirds of a grain of cocaine, in a tablespoonful of water, to be taken in teaspoonful doses, containing perhaps a sixth of a grain of cocaine, if the stomach became annoying. At five o'clock she took one teaspoonful of the solution, perhaps a sixth of a grain; an hour later, at 6 o'clock, she took a second teaspoonful, after which she felt a slight tingling in her hands, extending somewhat above the wrists, mostly in the fingers. When lying perfectly quiet she was free from nausea, but would vomit the moment she turned in bed, and she claimed that the matter she threw up was unusually bitter. After each spell of vomiting she was greatly relieved and easy even of these symptoms of discomfort and oppression about the chest, and easier of the tingling in the hands. At half-past seven she took the third teaspoonful; she now became excessively restless. At 7:45 she was throwing her legs and arms about, moving her hands and feet; experienced great difficulty in breathing; felt as if a band was drawn tight around her chest; was

obliged to keep her hands above her head in order to relieve the respirations; felt as if she was fading away. The greatest oppression was experienced on the right side, so that she would turn and lie on the left side. At eight o'clock I saw the patient; she was faint, as if fading away; breathing with difficulty; arms above the head; the tingling, which had at first been in the hands and forearm, was now in the feet and legs, most in the ends of the fingers; at a quarter past eight, extending up the lower leg, less in the hands and worse in the feet; vomited freely, and in a few moments felt perfectly relieved; the sensations returned very soon; at a quarter past eight tingling yielded to a numbness, which began in the hands and extended to the feet; then she became perfectly still, as if breathing her last; perfectly numb; became stiff; the thumbs adducted; the pulse, feeble and rapid at first, is now intermittent and irregular; fingers stiff; numbness most intense in the knuckles. Dr. Atkinson, the family attendant, who was present, suggested that a hypodermic injection of morphine be given to relax the system. One-sixth of a grain was accordingly injected with a most happy effect. The tense muscles relaxed; the breathing became easier, and the patient was soon comfortable. The toxic effects of the cocaine had been entirely overcome. I would call especial attention to the fact that this constriction seemed in the chest, especially on the right side, while the heart was free, no discomfort whatsoever being felt there.

Mrs. F., aged 35, the mother of two children, was suffering from nausea of pregnancy, which had existed for three or four weeks when I was first consulted.

I made an application of a four per cent. solution of cocaine to the slightly eroded cervix with a most happy effect. Upon the following day I called again, taking a vial containing two drachms of a four per cent. solution—five grains of cocaine—and whilst conversing with the patient, I gave her some five or six drops, perhaps one-tenth of a grain, in a few teaspoonfuls of water in a sherry glass; I then made an application to the cervix and cervical canal, using perhaps a drachm of the fluid, some two and a half grains locally, and after the application, while giving her instructions, again administered five drops in a

sherry glass, with a little water, thus having used perhaps one-fifth of a grain internally and about two and a half locally. The patient experienced great relief, but being unexpectedly summoned to one of the Northern States that night, I was unable to see her upon the following day, and so informed her. Having been greatly relieved by the treatment, and experiencing return of the nausea, she determined to take the cocaine as I had given it to her. Presuming that I had given her all the cocaine internally, and seeing that I had used the greater part of the vial, at least two-thirds, she concluded to take the remaining one-third, about two grains, upon her own responsibility; thinking that as I had given her, as she presumed, so much more, the smaller quantity, one and a half to two grains, would do her no harm, she accordingly took the remaining forty drops of the four per cent solution, just as it was, at one dose. A weakness soon overcame her, with an oppression about the heart, symptoms which she had often before experienced when suffering from her dyspepsia; although, when suffering from dyspepsia, with these feelings she had been excited, nervous, walking about, and now she was quiet, as if fading away. Immediately after taking the dose she felt a complete numbness along the left half of the tongue and throat, extending downwards to the stomach, distinctly describing the course of the esophagus; to test the feeling, she bit her tongue, and found it perfectly dead or numb. Within fifteen or twenty minutes the entire body became cold and numb; her hands were wrapped in hot flannels; hot irons put to the feet; her breathing was free, but her heart felt as if constricted by an iron band. Frightened by this feeling of weakness, of fading away as if she were dying, she got up and walked about to test her strength, but the feebleness of her heart, which beat with intense rapidity and loudness, would force her to sit down again. She felt neither the tingling in hands and feet, nor the numbness and oppression of the chest, which had been experienced in the previous case, Mrs. C. With rubbing, and hot applications to her hands and feet, her body by-and-by became warm, but the oppression and constriction of the heart continued throughout the day, even until bed-time. Being confident that the dose of cocaine which she had taken

was much smaller than the one I had given her, she had no thoughts of a poisonous effect, but attributed this feeling to an attack of dyspepsia. She tells me that her condition was such that had she thought she had taken an overdose of cocaine, she would not have survived it. She lay for the greater part of the time, quietly, feebly and perfectly relaxed, in an easy-chair, but when the feeling of fading away threatened to completely overcome her she would walk about, then this rapid hammering of the enfeebled heart, which beat at such a fearful rate, would again cause her to sit down. Toward four o'clock the severity of the symptoms lessened, although they did not pass away until bed-time. During all this the head was not affected at all, and the lungs were also free.

I record these cases to impress the necessity of caution in the use of this remedy, and to show how much we yet have to learn with regard to its effects. Some constitutions seem to suffer toxic effects from small quantities locally applied. Again, we hear of a half a grain being taken internally by physicians experimenting with the remedy, or the same quantity injected hypodermically without ill effect.

That may be the case in strong, healthy males, but nervous women are far more easily influenced. The range being so wide a one, it will be far safer to repeatedly give small doses at intervals of two hours, at least until we become familiar with the susceptibility of the individual.—*Weekly Med. Review.*

An Introductory Paper on American Eclecticisim.—By A. W. SMITH, M. D., CHICAGO.

Our system of medicine was founded by Dr. Wooster Beach, an old school physician of New York City, about the year 1825. He was a graduate of the medical school of the University of New York. He practiced a number of years in the old way, bleeding, calomel, antimony and opium being the chief remedies, till persuaded that it was a devitalizing treatment he abandoned it for a better way. He relates that he at one time was accustomed to take a bleeder with him on his rounds to bleed his patients. Gradually this was given up, and only local bleeding with cups and leeches was resorted to. In time local bleedings

were abandoned also, and for ten years, with an exceptionally large practice, no sort of bleeding was resorted to. So with the use of minerals, especially mercurials, at first he used them, then he began to replace them with vegetable remedies. Of the yellow wash he says that he used it at first in syphilitic sores and chronic ulcers, but latterly he found the mild vegetable caustic to be an efficient substitute for it. He appears to have still retained red precipitate in the ophthalmic ointment, though the manifest tendency in his practice was to give up the use of mercury and the poisonous minerals, in the treatment of all diseases, as dangerous, and in the hands of most practitioners positively pernicious. He brings abundant proof of the injury done to the system by calomel and depleting remedies. He mentions the cases of Washington, Byron and President Harrison; they were bled, and salivated, and poisoned with noxious minerals, till the conclusion is inevitable that they died at the hands of their physicians, rather than from disease. He relates, as a common practice in form, the taking of three hundred ounces of blood in three days, and protests against it. He says positively that the poisonous minerals, mercury, antimony, arsenic and lead, ought never to be used as internal remedies, no more than one would handle a poisonous serpent. He believed that if the public were informed of the danger they would aid in reforming the practice of medicine, by refusing to employ doctors who persisted in using these mineral poisons. This was true. The people now have a wholesome dread of taking calomel and other mineral poisons into the system. The allopathist who still gives calomel to his patients on the sly is in mortal fear, lest salivation should occur and he sacrifice his reputation. It is no longer a good thing as of old, to touch the gums of a patient. The homœopathist too, who gives the mercurials in low potencies, is subject to a like peril, and the cunning allopathist is not slow to take advantage of it. An amusing case of this kind occurred at Aurora in this state a few years ago, where the allopathists accused a homœopathist of salivating his patient with mercury. It illustrated the old saying that the pot shall not call the kettle black. Eclectics do not find the mercurials necessary in the treatment of disease.

Dr. Beach believed that animal food tended to cause a plethoric condition of the system, and was the cause of much ill health. He was accustomed to treat many chronic ailments with an exclusive vegetable diet, Graham bread, water and ripe fruits being the chief articles directed as food. During the epidemic of Asiatic cholera he advised his patrons and patients to abstain entirely from the use of meat, and adopt a vegetable diet as above. If we add the necessity of pure water, this accords with the views that prevail to-day.

He took a high moral stand, advocated temperance in all things, and an observance of the principles of the Christian religion.

In no case did he consider it necessary to give liquors containing alcohol, as brandy and whisky, to the sick, but advised pure wine, which he speaks of as not containing alcohol, to be given in the later stages of protracted disease.

He advised that schools for instructing midwives and nurses be established; and it is notable that Eclectic colleges were the first to admit women.

He says a great deal about equalizing the circulation. Where the feet were cold he used hot baths. He relates cases of sore eyes treated by frequent hot foot-baths, and cases of blindness of two years' standing cured in this way. He claimed that coldness of the skin and extremities in disease, as in ordinary fevers, and the congestive chill, was proof that blood was drawn from the skin and extremities to central organs, carrying with it noxious waste products of the perspiration, and the remedy was to produce a gentle sweat by the sudorific tincture and warm stimulating baths.

His treatment of pneumonia was simple; to keep up a determination to the surface was the chief part of it. The fever was regarded as conservative, and the cough nature's method of relieving the lungs. His cough powder, a combination of capsicum, ipecac and opium, in the dose given was indeed a stimulant of the vital powers. He sought in this disease, as elsewhere, to simplify his treatment, as he suggests that ipecac alone might be a sufficient internal remedy. The Eclectics of to-day have improved on his treatment rather in its pleasantness and

the elegance of the remedial measures employed, than in any fundamental change of his principle. Where it is known how formidable is this disease now in the hands of the allopathist, who still employs tartar emetic and opium in large doses, we are impressed with the value of the treatment of Beach, just as it was left us by him.

The alkaline bath in fevers appears to have been introduced by him and is now regarded as indispensable in the treatment of the sick.

He regarded it as the office of the physician to assist nature. Although he does not say in words that the vital power is always depressed in disease and must be sustained—the belief of Eclectics now—this idea is apparent everywhere in his writings as having been held by him. Stimulant baths and capsicum internally, ten grains at a dose, was a stereotyped treatment with him in congestive chills, severe cholera morbus, Asiatic cholera, and collapse from any cause. Where the skin was clogged it must be opened by a bath of weak lye or saleratus water; where the skin and extremities were cold and pale, hot stimulant baths must be employed, this he called equalizing the circulation. Where the stomach was loaded and oppressed it must be emptied with an emetic; where the function of any organ was abnormal, remedial measures that strengthened rather than depressed were employed. He appears to have entertained the opinion that in the plants of our own country might eventually be found remedies for all the diseases incident to it. He believed in the combination of remedies acting similarly, but was opposed to putting many medicines into one formula. To produce a gentle moisture of the skin rather than a profuse perspiration; to give as little medicine as possible, and in a concentrated form, were cardinal aims in his practice. He believed that a principal cause of disease was obstruction of the pores of the skin whereby excrementitious products were retained in the system, and his reference to Broussan leads to the opinion that he believed that the stomach and bowels were the first to feel the effect of this poison. If we take the order of his treatment we are still more impressed that this was his opinion; first an emetic to clean the oppressed stomach, then a sudorific to throw the poisoned blood wave back

to the skin, then a cathartic to remove vitiated humors from the bowels. But Beach was not a theorist. If his treatment was disagreeable he gave proof that it cured his patients, and that after all is the chief end of our labors.

This is an age of pleasant medication, and scepticism in regard to remedial means, and we have to look to it that we do not allow good methods, which have stood the test of experience, to fall into disuse because they lack elegance. "Why," says a writer in the New York *Tribune*, an advocate of homœopathy, "should we neglect to use the neutralizing cordial" [one of Beach's medicines], "which has carried so many babies safely through the summer complaint?" In surgery Beach was conservative. He believed that many cases could be cured by medical treatment which were too hastily consigned to the surgeon's knife. He relates many cases of this sort, and cites Sir Benjamin Brodie on "disease of joints" as proof of it. He complains that surgeons were too much inclined to resort to the knife for the glory of an operation.

Beach sought constantly to improve on his methods. He remarks that the sudorific tincture, which, as given, contained six ingredients, might eventually be replaced by a single native remedy (prophecy fulfilled jaborandi).

He believed that from facts obtained at the bed-side of the sick alone could a rational and true practice of medicine be constructed, that there was no theory that could be applied in explaining disease or the action of remedies that could cover the whole ground. Though he advocated the theory of contraries, his practice was based on experience alone. To get these facts he availed himself of every means. He not only consulted learned authorities, and visited European hospitals, but he says, "I have not thought it beneath me to converse with *root* and *Indian doctors*, and every one who has professed to possess any valuable remedy, or any improved method of treating disease." Thus, with material from every source, rejecting the bad and retaining the good, and giving especial, but not exclusive, prominence to the native medicinal plants, he proposed a work on the practice of medicine so different from anything heretofore published as to fairly entitle him to the honor of having given the

world a new system. The importance of his labors were acknowledged by eminent men of science in the old world, by illustrious physicians (there was no iron clad code of ethics then), by dukes and kings, and even by the pope.

Were our profession free from bigotry and prejudice, this remarkable man would certainly have been put in a position to have given the widest possible publication to his opinions, and the reform which he sought would have been speedy and universal. As it was he claimed that doctors feared to go against prevailing opinions, and preferred to float easily on the tide of error, rather than stem the torrent of truth. His labors have been rewarded. There are now thousands of Eclectic physicians who follow substantially the methods he originated, gathering the good from every source, and laboring to perfect our art. Native medicinal plants have been brought into use as the direct result of their labors. The crude remedy has been subjected to chemical manipulation and the remedial principle obtained in a concentrated and elegant form.

So powerful has been the influence of Beach and his followers that the best informed physicians of our time believe in, and practice our methods; and our remedies, in the forms we use them, are in constant use throughout the world. Our practice is now represented by the National, and twenty-three state societies, ten medical colleges, fourteen monthly periodicals, and over 10,000 practitioners.

In their views the Eclectics are independent, they might in fact be called *Independents*. We stand on the broad platform of liberalism, not bound by any creed, or jealous restraining code. We have always regarded the diseases of our country as characterized by special conditions, that require treatment wholly different from some similar diseases occurring in the old world. That the American physician, as a member of a republican government, ought to be free and independent, not controlled by European precedents: That as every true citizen is, so should every physician be, in himself a sovereign.—*Chic. Med. Times*.

The dangers of cocaine need not deter us from using it when indicated. We are not afraid of it.—[EDITOR.]

Oleate of Copper in Tinea Capitis. — BY ROBERT BOAL, M. D.,
PEORIA, ILL.

Among the parasitic skin diseases few are more annoying to the patient, or whose treatment is often so unsatisfactory and perplexing to the physician, than the affection popularly known as scald head. Its appearance is so familiar and well marked that any description of it is unnecessary. Nor can it be mistaken for any other affection. It is called by various names, *trycophytosis capitis*, *tinea circinatis*, *tinea capitis*, and others, all these names having reference to the parasite which produces these changes on the skin. The great difficulty in curing many cases largely depends upon the depth and extent to which the parasite has propagated itself. If its ravages are confined to the surface of the skin, and do not reach the hair follicles, any of the ordinary parasiticides will generally arrest the disease; or juniper tea, sulphur and other remedies of that class will suffice. But if the parasite has burrowed down in to the hair follicles, stronger remedies will be required. The milder agents which have been named, may cause a temporary improvement by destroying the parasites upon the surface, while those that are under it and in the hair follicles are not reached. The remedy which I have found to most effectually destroy these deeply hidden parasites is the oleate of copper. My attention was called to this preparation some two years ago, in a paragraph in one of the medical journals, and I determined to give it a trial upon the first opportunity.

Last year I was called upon to see a patient, 17 years of age, well formed, robust, and in apparent good health. I found the entire scalp covered with large, branny scabs, from beneath which a discharge had issued which became hardened by the contact of the air; the hairs were broken off, and looked like stubble. They had lost their glistening appearance, were dry, and apparently dead. The eruption not only covered the entire scalp, but extended down to the upper side of the face and over the ears. It was one of the worst and most unpromising cases I ever saw. Nearly all of the ordinary germicides had been tried without avail under other hands. I determined to use the oleate of copper. An ointment of cosmoline, containing 20 per cent.

of the oleate, was applied twice a day, having previously gently removed all the detached and partially detached branny scabs with a hair brush. Under this treatment the case began to improve, and at the end of three weeks the scalp assumed a healthy appearance, the hair grew rapidly, and the disease was cured. More than a year has elapsed since that time, and there is no return of the disease. The oleic acid with which the copper is combined seems to have the power to penetrate to the depth of the hair follicles laden with the copper, a combination which effectually destroys the parasite.

No constitutional treatment was used or required. The ointment should be well but gently rubbed upon the parts once or twice a day as required. In most cases an ointment containing from 10 to 15 per cent. of the oleate of copper will be strong enough. In my opinion, this is one of the most efficient remedies we possess in this troublesome and disagreeable affection. I shall use it in the future, as in the past, with more confidence than any other remedy, and I do not hesitate to recommend a trial of it to others.—*Peoria Med. Monthly*.

Use of Electricity in Cases of Suspended Vital Function.—By
JOHN J. CALDWELL, BALTIMORE.

We have been induced to try the effects of electricity in cases of suspended vital function resulting from narcosis, and cases of apparent death from drowning, from experiments upon living rabbits made by Dr. Wilson Philip, of England, from which it appears that electric force was used to substitute nerve power. The pneumogastric nerve of the animal was severed immediately after it had eaten some parsley. After the death of the animal, which had great difficulty of breathing, and perished from suffocation, the stomach was opened and the parsley found undigested. A similar experiment of section of pneumogastric nerve was made, but a current of galvanism passed along the nerve and continued for twenty-six hours. No difficulty of breathing occurred as long as the current was kept up. The animal was killed, the stomach examined; the parsley was completely digested. It thus appeared that galvanic energy is capable of supplying nervous influence, in that the process of

digestion may be carried on. Similar experiments were made upon dogs with like results.

The following cases illustrate the beneficial effects of electricity to restore suspended and impaired vital function :

CASE I.—In the summer of 1873 I was called to see a child, Jennie C., suffering from a poisonous dose of laudanum. Every other means except electricity had been tried without benefit. The laudanum had been swallowed some twelve hours. A powerful current was continued for more than three hours, with the result of complete restoration. The respiration from nine the minute was increased to eighteen or twenty, when the pupils began to dilate, the pulse became normal and consciousness was restored; vomiting and purging ensued. The current was passed by placing the positive pole over the pneumogastric nerve, at the angle of the sternocleido-mastoid muscle, and the negative pole over the epigastrium.

CASE II.—In 1874 I was called to attend a person in the Maryland Inebriate Asylum who attempted suicide by taking opium. The usual remedies had been tried and found unavailing. A Faradic current was applied and continued from 3 A. M. to 7 A. M. The respiration rose from seven to eighteen the minute. Patient restored.

CASE III.—Was one of dyspnœa from delirium tremens. Faradism was applied, but the poles reversed in order to obtain a sedative rather than a tonic effect. Within a few hours nervous excitement subsided, aided by large and frequent doses of digitalis, sleep ensued. The patient recovered.

CASE IV.—Twenty taken from the *Med. and Surg. Reporter*, New York, reported by Ed. C. Harwood. An infant aged nineteen days had been narcotized by morphine. He was relieved by means of the Faradic battery.

CASE V.—Reported by Prof. W. H. Pancoast (*Med. and Surg. Reporter*, May 9, 1874). The patient had taken 120 grains of chloral and 8 grains of morphia. The battery was used fourteen hours and life saved.

CASE VI.—George, a colored boy, was fished out of the dock half an hour after immersion, apparently dead. I had but slight hopes of his resuscitation. There was some heat about the

spinal column and head. I applied a powerful secondary current for several hours. At length I discovered faint heart signs, then occasional sighs, which greatly augmented. The organs gradually resumed their functions. The patient was restored to life.

CASE VII.—Is reported in the *Virginia Med. Monthly*, May, 1874. "Resuscitation after thirteen and a half minutes of apparent death." At a meeting of the College of Physicians and Surgeons, New York, March 11, Dr. L. A. Sayre exhibited a string of beads, one of which had been taken from the trachea of a child seven years of age. She was relieved by tracheotomy. She coughed out the bead, gave one inspiration and died. Alcohol was injected into the rectum, and the galvanic current passed through the phenic nerve. She immediately rallied, and then had no further trouble.

Such are some of the wonderful effects of electricity (Faradism) in restoring suspended animation. They suggest the propriety of placing proper batteries and instruments in all life-saving stations, police headquarters, hospitals and other institutions, so that the aid of this powerful and wonderful agent may be invoked in all cases of suspended vital functions.—*The Med. Herald*.

Cocaine in the Opium-Habit.

H. C. WOOD, M. D., *Editor of the Therapeutic Gazette*:

DEAR DOCTOR:—In the May number of the *Therapeutic Gazette*, page 329, in the article on Therapeutic Value of Cannabinon, is this paragraph:

"Richter also made some interesting observations with cocaine, and found that injections of cocaine could replace morphine injections without causing morphine hunger. The unpleasant effects of the period of abstinence are totally suppressed."

Does he say anything more on that point in the article or elsewhere? I am much interested in anything on the subject of morphine-habit, since I have a dear friend whom I am trying to cure of it. If you can point me to anything on the subject at all new you will much oblige. I have somewhere else seen an allusion to cocaine as being used in the treatment of the habit, but nothing in detail, simply a mention of it

I congratulate you on the great improvement in the *Gazette*. I would rather be without any or all of the three or four other journals I take than the *Therapeutic Gazette*. May you have abundant success.

S. W. CALDWELL, M. D.

TRENTON, TENN., May 21, 1885.

[There has been considerable testimony as to the value of cocaine in the treatment of the opium-habit, and I have myself in one very severe case stopped the use of opium at once by exhibiting five or six times a day half an ounce of the fluid extract of erythroxyton with the result of a most rapid cure, without serious symptoms. Especially did the gastro-intestinal symptoms which are so apt to follow the abrupt treatment of the opium-habit appear to be relieved. Hypodermic injections of cocaine, of course, could be substituted for the exhibition of the erythroxyton by the mouth, and, as much of the erythroxyton of commerce is inert, is more certain. And half a grain of the alkaloidal salt might be given hypodermically every four hours. Possibly it would be wiser to begin with the smaller amount and increase until some effect was induced.—H. C. W.]

Incontinence of Urine in Children.

The *Medical World* thus abstracts Eustace Smith:

"Of medicines which diminish irritability, belladonna takes the first place, but it is important to be aware that this remedy, to be effectual, must be given in full doses. Children have a very remarkable tolerance for belladonna, and will often take it in surprising quantities before any of the physiological effects of the drug can be produced. In obstinate cases of enuresis the medicine should be pushed so as to produce dilatation of the pupils, with slight dryness of the throat. In children of four or five years of age, it is best to begin with twenty-five or thirty drops of the tincture of belladonna, given three times in the day, and to increase the dose by five drops every second or third day, of course watching the effect. Ergot is another remedy which is often very successful. For a child of the same age, twenty drops of the fluid extract may be given several times in the day.

Bromide of potassium, benzoic acid (dose, five to ten grains) and benzoate of ammonia, digitalis, borax, cantharides, camphor

and chloral have all been recommended as specifics in this complaint. Sometimes a combination of several drugs seems to be more effectual than one given alone. I have lately cured a little girl, aged four years, who had resisted all other treatment, with the following draught given three times in the day: *R.* Tinct. belladonna, gtts. j.; potas. brom., grs. x.; infus. digitalis, ʒij.; aquam ad., ʒss. *M.* Ft. haustus.

When the incontinence continues in the day as well as at night, strychnia should be combined with the sedative, so as to give tone to the feeble sphincter. In these cases, too, cauterization of the neck of the bladder, with a strong solution of the nitrate of silver (ʒj.→ʒj. to the ounce of water) has been found successful."

Sulphide of Calcium to Prevent Suppuration in Small-pox and Chicken-pox.

Surgeon-Major C. J. Peters, of the British army in India (*Indian Medical Gazette*), relates a number of cases in which he succeeded in preventing the suppuration of the cutaneous lesions, and therefore the secondary fever of small-pox, some years ago, by the local use of a mixture of the pentasulphide and the hypsulphite of calcium (commonly called sulphide of calcium) prepared by boiling a quarter of a pound of quicklime and half a pound of sulphur in five imperial pints of water until the liquid was reduced to three pints in measurement, when it was filtered and kept in glass-stoppered bottles. If ordinary well or river water is used, a white precipitate is liable to form in three or four days, while the solution loses its color and is no longer efficacious; it should therefore be freshly prepared in quantities only sufficient for three or four days' use. It is applied to the affected parts two or three times a day, with a feather, taking care that none of it gets into the eyes. As a rule, the pocks thus treated did not suppurate, but withered in the course of three or four days. The author believes that the lotion acts by destroying the germs of the disease, preventing suppuration, and guarding against the complication that results from blood-poisoning. He would now combine its use with the internal employment of the drug.—*Weekly Medical Review.*

EDITORIAL.

The Ideal Medical Education.

Under this heading, Prof. Romaine J. Curtiss, M. D., of Joliet, Ill., in a communication to the *N. E. Medical Monthly*, makes so many good hits that we take pleasure in reprinting a part of the paper in this issue of our journal. Prof. Curtiss is a leading light in the so-called regular profession, but he fearlessly ventures to behave as an independent man, and we have always admired him, although we sometimes differ with him. In the paper referred to he says:

"The question begins to be apparent that medical arts and sciences have been progressive; they have developed, and the steps of their development, as we see them now, appear to be principally errors.

"The question comes up, in general terms, which is the more hurtful: an error, religiously taught and enforced, or the common mistakes of ignorance? How much of the medical practice is really verified science? Is it not true that diseases (zymotic) end by self-limitation, and not by cure; even if the 'cure' is prescribed by the most learned of modern doctors, or whether prescribed by Avicenna, Galen or Hippocrates? Is there any one thing, in fact, that has killed more people in the history of the world than scientific and religious dogma? In my opinion, there never has been, and there is now, no greater danger to human life than dogmas in all 'schools' of medicine, unless it be the earthquakes in Spain. When the war ended, the writer returned to civil life and settled down to practice. While making a call one day on an old doctor who was a neighbor another old doctor called who was a neighbor, but lived some miles away. The two old doctors went to talking up the prevailing diseases, with clinical comments, and to comparing notes. It turned out that pneumonia was the prevailing disease. Dr. No. 2 stated that he had treated, during the past two months, six cases. They all died. He bled them repeatedly, and used, 'alteratives,' and lotioned and blistered them, but they all died. The other doctor had several cases, which he did not bleed, he said, and had a good per cent. of recoveries, and advised his friend not to

bleed so much. 'I find,' said he, 'since the cholera epidemics, that people can't stand bleeding as they used to.'

"A few years before this time, the writer called at a medical college in New York City to make a visit and listen to a few lectures. The first lecture was by a fine-looking, intelligent professor, who had been making investigations. He stated that disease was self-limited; that rheumatism recovered in a certain time when treated with a little mint water; that pneumonia terminated at a certain time spontaneously, if the patient were simply fed well and nursed; that typhoid was 'doctored too much,' and the patient would do as well if fed well and sponged with cold water, etc. This was news; but at the end of the hour an energetic little man with a shiny, bald head walked into the arena and proceeded to lecture on the treatment of pneumonia. He was radical in the extremity of his views and practice. He summed up the treatment as bleeding, opium, calomel and antimony; and then raising his sharp voice to its highest sharpness, he shrieked: 'Thirty thousand people die in these United States every year for the lack of proper treatment, by calomel, antimony and bleeding, in pneumonia, typhoid, typhus, dysentery, etc., etc.'

"At the present time there are many schools in medicine. Their methods and doctrines are different and opposed. If one of them is correct, then the others are wrong. In their own estimation they are all right, but it is quite logical to conclude, I think, that the law of disease, which makes it self-limited, is a great help to these physicians, no matter how little or much these diverse methods of cure may help or hurt the patient.

"The idealist is generally a man of more dogmas than ideas. This class of people are a dangerous element in society. They believe a certain method to be correct, and then they get dangerous by starting out as reformers.

"An educated error, persistently followed up in practice, is productive of more danger to life than a judicious sort of ignorance, which is backward about meddling, or prescribes a placebo. Statistics, whether correct and honest, or not, seem to prove that one school of medicine is as successful as the others, or, that all are equally successful, and it is certain that the pretenders and mountebanks and the 'ignorant' in the medical profession, sustain themselves by their success, which, in the estimation of the public at least, is fully as good as the best, or at least is good enough.

"It must be said, then, that there never has been a standard of scientific or verified medicine, in which a man may become, by thorough education, a better physician necessarily than another one not quite so thoroughly educated, and it may be said

that there is no such standard now. There is no standard of medicine which either deserves or requires to be maintained as a legal standard. There is scarcely a point in medical practice that is not a disputed point among educated doctors, and the same rule holds good in surgery. Lawson Tate makes a very skillful diagnosis and operation in diseased ovaries and fallopian tubes which contain pus, but educated men are contending every where that there should be some method of removing pus from a fallopian tube, and removing the cause, without creating such a swarm of sexless inhabitants of the earth as his operation appears to be in a fair way to do.

"I was acquainted with a young physician once, who graduated at an Eclectic school. Of course some people would not call him highly educated; perhaps some people would say he was not educated at all. But this doctor had a patient with abdominal dropsy. He proposed tapping. The friends interceded, and an eminent gynecologist was sent for, who diagnosed an ovarian tumor. The patient was removed to Buffalo, to undergo an operation. I was kindly invited to be present. This was before the days of Listerism, and no antiseptic precautions were observed. The truly learned gynecologist made the usual incision, put in his large trocar and several gallons of clear fluid escaped. He then inserted his hand, grasped the ovaries, and announced that there was no tumor. He next felt of the liver, inserting his hand for the purpose, and announced that the patient had atrophy of this organ. We were all impressed with the fact that an exploratory incision makes a diagnosis easy and certain; but the patient died from septic infection.

"In this case much learning killed the patient. The little learning of Eclectic might have lengthened her days, had his method been followed. In this case, it is certain that little learning, however dangerous it may be, was less dangerous than great learning.

"Now I propose to claim nothing worse as conclusions from all these data than the following propositions: 1. An educated error is a dangerous thing in sociology; it is more dangerous than the hesitating errors of ignorance or so-called ignorance. 2. As applied to medicine, the law holds good. There is no greater danger to life than educated errors in medicine, and medicine is very far yet from being the exact science that will warrant any dogmatic methods or idealism in medical practice or education. The dissensions among physicians, and the existence of 'schools' in medicine, prove that 'practice' is not a science, and too great rigidity of opinions and methods is to be deprecated. It is the moral duty of all men to avoid dogma in any school, and to avoid idealism in practice and education. It is just this disposi-

tion in the human mind which led the medical world to carry, in their education and practice, the errors as well as the kernel of truth, in the doctrines of Hippocrates for many thousand years. The development of medical science in history is very like the development of the same thing in the mind of an individual, together with its arts; and the course of either, and its sacrifices, is very well illustrated by the remark of the oculist who removed a cataract and, in reply to a complimentary allusion to his dexterity, replied: 'Oh, I spoiled a peck of eyes before I could do that.'

"Now, I do not deny any of the learning, culture, goodness, nobleness, science or splendor of the profession of medicine. I admit all that any person wishes to claim in this direction; but I only claim, as I say again, that the present status of medicine does not warrant the assumption of idealism or dogmatism in practice or education, and, in fact, I claim that as medicine has developed these things are declining."

Sugar-Coated Pills.

W. R. Warner & Co. have received the first premium at the World's Exposition, New Orleans, for great uniformity and solubility for their Sugar-coated Pills. This is the 9th World's fair prize which attests to their excellence.

The American Medical College.

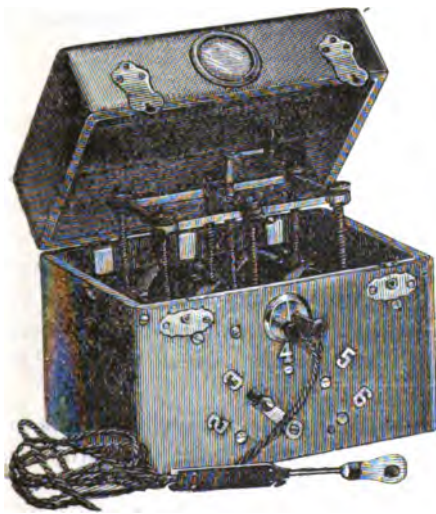
During the past week we have sent out the Thirteenth Annual Announcement of this college, and will gladly send copies to all who want them and have not yet received them. By reading this Announcement it will be seen that everything is in readiness, and that our facilities are even better than ever before. We teach medicine from a broad basis, aiming to avoid the useless and dangerous methods referred to by Dr. Curtiss, while we gladly appropriate all means and measures that have been proven of advantage in the relief or cure of disease. In our daily practice and teachings we are not confined to the literature and experience of any particular school of medicine, but carefully watch the results of all methods, and after a careful observation we adopt that which has been found safe and effective, and teach established facts to our students. We thus educate our classes and really qualify our students for successful practice—*teach them how to cure their patients.*

We are expecting a full class this fall, and we should be pleased to correspond with students who contemplate attending any medical college the coming session. We will take pleasure in showing the superior practical advantages of our system of teaching and practice over schools that are limited by any peculiar pathy. We invite correspondence, and promise to answer all inquiries promptly. Address,

DR. GEO. C. PITZER,
1110 Chambers Street, St. Louis, Mo.

The St. Clair Dental and Surgical Lamp.

As now perfected the St. Clair Dental and Surgical Incandescent Lamp fills a place in dental and surgical practice hitherto



vacant. By its use the dentist is enabled to make the minutest examinations with ease, and the surgeon to throw light into dark places until now beyond his gaze. The lamp gives a light superior to that of any now in the market, being especially notable for remarkable clearness and steadiness. Conveniently shaped, covered and attached, it can be handled with as much ease as the simplest of dental tools. The Bat-

ttery is the smallest, most convenient and powerful yet produced.

The six half-pint cells are so protected as to render spilling an impossibility, while economy in fluid using and wear is secured by a ready lifting of the electrodes from the cells when idle. Further economy in force is secured by an adjustable switch, limiting or increasing the number of cells employed as needed. As two cells, when fresh, oftentimes are sufficient for ordinary purposes, the usefulness of this is apparent. A resistance coil

in the lamp handle, with sliding gauge, makes possible the slightest adjustment.

It should be noted that this little battery is available for any and all purposes to which such an article can be put. Especially useful is it in running the Griscom or other minor electro-motors used in turning dental engines, and it is entirely odorless. It has been long tried and thoroughly tested, never to be found wanting. In minor cautery it is invaluable, and can be fully relied upon. Frequent utilization for this purpose, both in private practice and at clinics before eminent surgeons, has fully demonstrated its usefulness for such purposes.

We have this battery with all its accessories in our office, and know that it gives eminent satisfaction. For a further description, and a full illustration of the lamps, see advertisement in this issue.

BOOK NOTICES.

MEDICAL ELECTRICITY.—A manual for students, aiming to show the most scientific and rational application of Electricity to all forms of acute and chronic disease, by the different combinations of galvanism, electro-magnetism, magneto-electricity and human magnetism.—By William White, M.D., of New York. Nice paper, cloth binding, 203 pages. New York: Published by Fowler & Mills.

This is a very nice little book, and contains much valuable information for the electrician, and all who desire to appropriate electricity in general practice.

THE LONDON MEDICAL STUDENT.—By Hugo Erichsen, M. D.

The first part of the book paints the picture of medical student life in England's great metropolis, London. It is, as could be expected from a story derived from the *London Punch*, crisp and readable throughout, and exquisitely humorous. The last part of the work consists of a collection of medical anecdotes, all carefully selected and interesting. The object of this compilation is to amuse and entertain the busy doctor in his leisure

hours, who will, no doubt, enjoy its perusal. Its pleasing character makes it a pleasure to possess. Over 200 pages, neatly and strongly bound in cloth, gilt title on the back, price \$2.00. Address Hugo Erichsen, Medical Publisher, 11 Farmer Street, Detroit, Michigan.

A PRACTICAL TREATISE ON NASAL CATARRH AND ALLIED DISEASES.—By Beverley Robinson. A.M., M.D. (Paris), Clinical Professor of Medicine at the Bellevue Hospital Medical College, New York; Physician to St. Luke's and Charity Hospitals, etc. Second edition, revised and enlarged, with 152 wood engravings. New York: Wm. Wood & Co. 1885.

Nasal catarrh is a purulent disease, and its successful management enables the physician to earn many a penny the specialist would certainly get. This book is a safe and sensible guide in the treatment of this disease.

HAY FEVER, AND ITS SUCCESSFUL TREATMENT BY SUPERFICIAL ORGANIC ALTERATIONS OF THE NASAL MUCOUS MEMBRANE. An essay read before the Philadelphia Laryngological Society, April 24, 1885. By Charles E. Sajous, M. D., Instructor of Rhinology and Laryngology in the Post-Graduate and Spring Course, Jefferson Medical College. Illustrated with thirteen wood engravings. Philadelphia: F. A. Davis, Att'y, publisher, 1217 Filbert street. 1885.

Hay fever is one of the most inveterate diseases with which the general practitioner meets, and any information that promised aid should be highly appreciated.

CLINICAL STUDIES ON DISEASES OF THE EYE, including those of the Conjunctiva, Cornea, Sclerotic, Iris and Ciliary Body. By Ferdinand Ritter von Arlt, Professor of Ophthalmology in Vienna. Translated by Lyman Ware, M. D., of Chicago. 1885. 8vo, 325 pages. Price \$2.50. P. Blakiston, Son & Co., Phila.

As one of its reviewers has already said, "The book embodies the result of accurate observation and careful study made during many years of active practice in one of the largest hospitals in

the world. That these opportunities have been amply improved, the established reputation of the author, as well as the exceedingly practical character of the work, will testify. Its perusal recalls to the reviewer's mind the clinic room in the Allgemeines Krankenhaus—the abundant material, the unostentatious, dignified manner of the eminent professor, as he quietly explained the interesting features of each successive case to the group of students—representatives of many countries—gathered around him." To all interested in diseases of the eye this book is certainly of great value.

SANITARY SUGGESTIONS ON HOW TO DISINFECT OUR HOMES.—

A résumé of the latest and best information on the Household Use of Disinfectants, Deodorants and Antiseptics, and of Practical Precautions Preventive of Cholera, Diphtheria, Scarlet Fever and other infectious diseases. In one handsome 12mo volume, paper, price 25 cents. Sent postpaid on receipt of price by the publisher, Geo. S. Davis, Detroit, Mich. P. O. Box 470.

This is a very useful work, and should be in the hands of every body. The people need it as well as physicians.

THE OLEATES.—An investigation into their Nature and Action.

By John V. Shoemaker, A. M., M. D., Lecturer on Dermatology at the Jefferson Medical College, etc. 16mo, pp. 121. Philadelphia: F. A. Davis, Att'y, 1217 Filbert street. 1885.

The oleates are not very well understood by the general practitioner, and this little book gives us the practical information required. Fine specimens of these preparations are made by Parke, Davis & Co., and with them, and this book to guide us, we can treat many ailments with a satisfaction hitherto not realized.

MINOR SURGICAL GYNECOLOGY.—A treatise on Uterine Diagnosis and the lesser technicalities of Gynecological Practice, including general rules for Gynecological Operations and the Operations for Lacerated Cervix and Perineum, and Prolapsus of Uterus and Vagina, for the use of the advanced student

and general practitioner. By Paul F. Mundé, M. D., Professor of Gynecology at the New York Polyclinic and at Dartmouth College; Gynecologist to Mt. Sinai Hospital; Obstetric Surgeon to Maternity Hospital; Vice-President of the American Gynecological Society, etc. Second edition, revised and enlarged, with 321 illustrations. New York: Wm. Wood & Co. 1885.

This work is well up to the times, and as diseases of women should be well understood by general as well as special practitioners, this work should meet with a ready sale, and our advice is for all physicians to buy it. In the line of gynecology there is nothing equal to it.

MISCELLANEOUS PARAGRAPHS.

Apomorphine as an Emetic.

Mr. Charles J. Devis (*Australasian Medical Gazette*, Dec. 15, 1884) believes that as an emetic apomorphine surpasses in certainty, rapidity and effectiveness of action any other drug with which he is acquainted. He has always found that it produces emesis in a few minutes, where other emetics have failed; and in cases where swallowing, from one cause or another, has been impossible, or where the administration of drugs has been combated by the patient, sub-cutaneous injection of apomorphine has proved invaluable. In the comatose stage of alcoholism, where no reaction to violent stimuli can be obtained, and, again, where violent delirium is present, when neither emetics can be given by the mouth nor the stomach-tube be used—in such cases, marked improvement is produced by apomorphine in emptying the stomach. Another class of cases in which this drug has also been found to be useful is that of pulmonary catarrhal conditions, especially in children, where the accumulating secretion in the bronchi produces a state of ever-increasing asphyxia. In such cases emetics are apt to be ineffective, while apomorphine acts quite readily, though the violent single effort at vomiting which is apt to follow the use of this drug is not as successful in clearing the air-passages as would be re-

peated moderately violent attempts at vomiting. So also in cases of poisoning, where emesis is necessary, and the use of apomorphia not contra-indicated, this drug, from its rapidity and complete action, is of the greatest value. He concludes by saying that after considerable experience in the administration of apomorphine as an emetic, he sees no contra-indication to its use in any case where rapid emesis is required, except perhaps where cardiac depression is already present to a considerable extent, and he believes that even then the drug might be used, provided the judicious administration of a stimulant be at the same time adopted, and the recumbent position strictly enjoined. He has always used a hypodermic solution prepared from the gelatin discs at the time required; and the dose he has given has varied from one-sixtieth of a grain for infants to one-tenth of a grain for adults, and only on one occasion had he to give a second dose to procure vomiting.

Test Fucus Marina and the Bromides.

A full-size bottle each of Peacock's Bromides and Fucus Marina will be sent free to any physician who will pay express charges. See 3rd cover ad. page.

Northern Kansas Medical Society.

On Thursday, 21st inst., physicians from Marshal, Nemaha and Brown counties met in the court-house at Seneca, and organized the "Northern Kansas Medical Society."

Officers for the ensuing year: President, A. G. Edwards, M. D., Marysville, Mo.; Vice-President, A. Snyder, M. D., Seneca; Secretary, N. Hayes, M. D., Seneca; Treasurer, E. W. Bliss, M. D., Hiawatha.

Drs. Slosson, Best and Hayes were appointed committee to suggest a title for the association. The one above given was submitted, and on motion of Dr. Blakely, of Severance, adopted.

On motion of Dr. Clutter, of Frankfort, the President appointed the following committee on constitution and by-laws: Drs. Clutter, Fuller, Irwin, Ham and Blakely. The committee reported at 8 o'clock P. M. After prolonged consideration, the

constitution and by-laws were adopted as submitted with but few changes.

President Edwards appointed the following standing committees:

On Elections—W. W. Nye, M. D., Chairman; Drs. S. H. Blakely, N. Hayes and W. E. Ham.

On Ethics—A. J. Best, M. D., Chairman; Drs. O. B. Slosson, G. E. Irwin, J. F. Lesh and W. H. Clutter.

On Publications—Drs. Hayes, Magill and Murdock.

Executive—Drs. Bliss, Haynes and Dargatz.

Quarterly sessions will be held.

On motion of Dr. Bliss, it was decided to hold the next meeting at Hiawatha, on the second Thursday in August, at 3 P. M.

The President assigned special topics and appointed essayists.

The general subject for consideration will be "Infantile Diarrhœa."

The meeting was characterized by unity of sentiment and good feeling, and the sole object to maintain the highest efficiency in combatting diseases.

The profession was well represented by physicians of high standing and unquestioned reputation, who are known, loved and honored for their good works.

Members—A. J. Best, S. H. Blakely, E. W. Bliss, M. A. Brawley, E. W. Bullard, W. H. Clutter, A. C. Cole, G. E. Dargatz, A. G. Edwards, A. Fuller, W. E. Ham, N. Hayes, W. A. Haynes, H. Humfreville, G. C. Irwin, S. S. Kaysbier, J. F. Lesh, I. H. Magill, S. Murdock, W. W. Nye, A. J. Patterson, C. B. Sandford, O. B. Slosson, A. Snyder.

N. HAYES, Secretary.

Tongaline.

Dr. Weathers, of San Antonio, states: From the character of the formula, I observe that tongaline is a combination of such agents as my experience suggests to be very valuable, and is therefore deserving of great praise. I find it a splendid remedy not only for those complaints for which it is recommended, such as neuralgia-rheumatism and nervous headache in their various forms, but have also done good work with it in pneumonia and

fevers, especially when the latter arise from malarial causes. Combined with a small quantity of aconite, I have found there is nothing better to equalize thoroughly the circulation and produce free diaphoresis. When followed by a few doses of quinine the results have been remarkably successful. All who try tongaline will be constrained to acknowledge its virtues.

Schultz's Method of Resuscitating the New-Born.

At the annual meeting of the Medico-Chirurgical Faculty, of Maryland (*Medical Record*), Dr. Neale illustrated Schultz's method of resuscitating the new-born child in cases of asphyxia. The child is held by the shoulders, the thumbs resting upon the thorax, the child's head toward the operator and its anterior surface to the front; it is then swung upward, so that its feet perform a revolution, and lie between the head and the operator's body, the trunk being then a state of forced flexion. The original position is then resumed by a reverse movement, and the repetition of these movements constitutes the method. Dr. Neale regarded it as more effective than Marshall Hall's or Silvester's, and related a case in which resuscitation had been secured after ten minutes, the measures mentioned and all others having been tried in vain.

Electricity as a Galactagogue.

J. C. Reeve, M. D., of Dayton, Ohio, writes, in the *American Journal of Obstetrics*:

Electricity as a galactagogue has been in my hands an uncertain remedy. Sometimes it has failed entirely, sometimes it has yielded excellent results. At present I am using it in a case with such marked benefit that the result has prompted this article. About two years ago, in a case of a second delivery, the milk after the first having been scanty and drying up within a few weeks, it did exceedingly well. When the child was about a week old the mother did not have sufficient nourishment for it, and artificial feeding had to be resorted to. Electricity was applied twice daily for a week, and once daily for some time longer. The milk rapidly increased, and the child was nursed the usual time. In this case, upon passing the current through

the breast, milk could be seen to exude from the nipple and drop down.

In two cases in which the remedy was faithfully tried it did no good, and in two others, if beneficial, the effect was not sufficiently marked to be attributed to it alone. If, however, electricity can be relied on to benefit one-third of our cases of deficient lacteal secretion, it is a valuable resource—certainly one that should never be neglected.

I have always used faradization of the breasts, and that alone, and have not seen any case in which inflammation has been caused by it.

Great Hypertrophy of the Clitoris.

Dr. W. B. Pratt (*Maryland Medical Journal*) exhibited this extraordinary specimen at the Clinical Society of Maryland. He had removed it at Bayview Hospital, March 16th, from a young mulatto, aged twenty-five. It was said to be of three years growth only. The patient was a syphilitic, and had condylomata about the anus. The growth measured five and three-quarter inches in length, and eight inches in circumference; it was hanging over the entrance to the vagina as far as the anus, causing pain in the back and difficult urination. The growth was removed by thin cuts, and then the ecraseur was applied for the rest of the tumor. Rapid recovery resulted without a bad symptom.

Treatment of Corpulence.

The plan here advocated appears rational, and is free from the objection to Banting's method, which is too much like starvation. The following is the diet used successfully by Ebstein, in one of his cases:

Breakfast: One large cup of black tea—about half a pint—without sugar; two ounces of white bread or brown bread, toasted, with plenty of butter.

Dinner: Soup, often with marrow; from four to six and one-half ounces of roast or boiled meat, vegetables in moderation, leguminous preferably, and cabbages. Turnips were almost, and potatoes altogether, excluded. After dinner, a little fresh

fruit. For second course, a salad or stewed fruit, without sugar. Two or three glasses of light wine, and, immediately after dinner, a large cup of black tea, without milk or sugar.

Supper: A large cup of black tea, as before. An egg, a little fat roast meat, or both, or some ham with its fat, bologna sausage, smoked or fried fish, about one ounce of white bread, well buttered, occasionally a small quantity of cheese, and some fresh fruit.

On this diet the patient lost twenty pounds in six months.

Ebstein insists on the necessity of always keeping to the restricted diet if the tendency to corpulence is to be successfully combatted.—*Ther. Gazette.*

Uncontrollable Vomiting in Pregnancy Cured by Ether-Spray to the Epigastrium.

A young and delicate primipara began at the second month of pregnancy to suffer from frequent attacks of nausea and vomiting. Towards the fifth month her state became alarming from the mal-nutrition caused by the uncontrollable vomiting. No drugs were of any avail. The application of ether-spray to the epigastrium was tried, with immediate benefit. After the first application the sickness ceased. Sometimes afterward it re-occurred and again it yielded to the spray.—*The London Medical Journal.*

A Malarial Antidote.

I have prescribed *Fucus Marina* (Peacock), and find that it will do all that is claimed for it. As a malarial antidote (and to prevent the return of ague after it has been checked with quinine) *it surpasses any agent I have ever employed.* I shall continue to prescribe it whenever it is indicated.

DONGOLA, ILL.

I. N. GRAVES, M. D.

Application of Remedies in Collodion to the Skin.

Barnes (*American Jour. Pharmacy*) finds that wood-tar dissolves in collodion in the proportion of 1 to 4. An alcoholic extract of coal-tar, reduced to a syrupy consistence, dissolves in the same proportion. Half a drachm of iodine is taken up by

an ounce of this solution. For oil of cade the proportion is 1 to 5; for gurgun oil, 1 to 3-4; balsam Peru and oleic acid, 1 to 4; glacial acetic acid and crystallized carbolic acid, 1 to 4; creosote and essential oil of mustard, 1 to 7; extract of belladonna, 1 to 8. Aconitine, atropine and hyoscyamine dissolve easily; veratrine, by the addition of a little oleic acid, and morphine the same, as by the following formulæ: R. Veratrinæ, gr. vii.; collodii, ʒvij.; acid oleici, ʒi., M., or R. morphinæ, gr. iv. ad ix.; collodii flexile, ʒvii.; acidi oleici, ʒj. M. White precipitate, iodide of lead, iodide of cadmium and sulphur dissolve (?) in the proportion of 1 to 7; oleate of zinc, 1 to 4. Iodide of sulphur cannot be employed in this combination, as it becomes decomposed.—*Phila. Med. Times.*

Cocaine in Chordee.

I have had two cases recently of chordee, accompanying gonorrhœa, which has yielded easily to the soothing influence of an injection of hydrochlorate of cocaine. The first case I had exhausted almost everything in my efforts to relieve. It was one of those obstinate cases with which we meet sometimes, and which seem to defy all treatment. I gave this man an injection of 10 drops of a four per cent. solution, mixed with 30 drops of water. After this injection was introduced, I worked it along the urethral canal until the mucous surfaces were bathed in the solution. I then allowed it to remain several minutes. From this time out I had no further trouble with either the chordee or the patient. The second case yielded a like result.—*New England Med. Monthly.*

To Prevent Falling Out of the Hair.

Dujardin Beaumetz recommends: R. Chloral, grammes 5; distilled water, grammes 100. Use as a lotion every evening before going to bed.—*Four. de Med. de Paris.*

Monobromide of Camphor.

Monobromide of camphor, in masturbaton and nocturnal emissions, and other kindred nervous disorders, is recommended by Dr. Sherman in *Medical Summary*. He gives it in 4-grain

doses three times a day, which he says does well in all such cases. Dr. J. L. Fogel says it is a specific in spermatorrhœa. *Georgia Eclectic Med. Jour.*

Died.

In Correctionville, Iowa, Thursday, May 28th, 1885, Dorritt Ashurst, only child of Dr. J. S. and M. I. Miller, aged six weeks and four days.

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ORIGINAL COMMUNICATIONS.

ART. XXIX.—Bullous Inflammation of the Skin—Pemphigus and Rupia.—By PROF. E. YOUNKIN, M. D.

The diseases of the skin known as bullæ are characterized by blebs or blisters varying in size from that of a pea to that of a goose's egg, generally transparent and formed by the effusion of a serous or sero-purulent fluid between the corium and cuticle.

A blister raised by the application of heat or by cantharides is typical of a bulla. Bullæ are also accidentally developed in the course of many other inflammations of the skin, as in erysipelas, frost-bite, zoster, etc.

Two primary affections constantly appear under this group; these are pemphigus and rupia.

PEMPHIGUS.—This disease presents an eruption of bullæ on several regions of the body of one or more large, yellowish and transparent vesicles, which terminate by the effusion of fluid and formation of a scab, variable in thickness or of a superficial excoriation. The age of the patient, the number of bullæ, their mode of appearing, the rapidity of their course, and the existence or absence of febrile movement are circumstances that have given rise to a multitude of distinctions, which pathologists have created to facilitate the study of the disease. I can see, however, no special reason for such nomenclature as pemphigus *congenitus*, pemph. *infantis*, pemph. *confluens*, pemph. *solitarius*,

pemph. *simultaneus*, and pemph. *successivus*. I should use these terms only as descriptive in the disease, and admit of divisions no further than those of the acute and chronic.

Acute pemphigus is rarely found. Indeed, until recently its existence has been denied, but this can no longer be doubted. It is not so rare in newly born infants and in children up to the age of four years. Acute pemphigus may be general or partial, simultaneous or successive. It may attack without precursory symptoms, or it may be preceded by general uneasiness, itching and slight fever. The skin is hot and dry, and the patient complains of pains in the bones and muscles. These symptoms may last a day or two before the eruption appears. Now erythematous spots present on the different parts of the body. The spots are at first bright red, they then turn more dusky and the patches are soon transformed into blisters.

Now and then there may be a single large bulla, and its development may acquire such dimensions as to contain several ounces of serum.

Acute pemphigus accompanied with a copious eruption has been observed to produce delirium, great restlessness, exhaustion and death.

Many observations have been made on the disease being complicated with intestinal disorders, gastro-enteritis, with pneumonia; with vaccinia and with prurigo.

Chronic pemphigus is much more common than the acute, from which it differs in the long continuance of the eruption and by its being always successive in the development of its bullæ. Chronic pemphigus varies greatly in its intensity course, and duration. In some cases no time intervenes between its variable crops of bullæ, and at other times intervals of days, weeks and months may appear, in which there is an apparent immunity from the disease.

In chronic pemphigus we possess a larger amount of information in regard to its hereditary predisposition and to the disease as it attacks the aged; its complications with hysteria, pregnancy, and as it effects the foetus and newly born infants.

We may regard as reflex those cases of pemphigus produced by, or associated with, changes in the reproductive organs, as in preg-

nancy and in pemphigus hystericus. I have at this time under treatment a case most interesting, the symptoms of which are typical in that class of cases of uterine anomalies.

Mrs. P., aged 37 years, has been afflicted with pemphigus for about four years. Preceding an attack of bullæ, the patient complains of pain in the limbs, back and head, feelings of lassitude and depression. The mental faculties are in great excitement; she wanders about the room in pursuit of some fanciful object; she has dreams, visions and hallucinations. In the course of from twelve to twenty-four hours after these phenomena, red patches appear on the face, neck and body, which are soon developed into blebs or bullæ from the size of a filbert to that of a walnut. These bullæ either burst by the rubbing or from mere distension in a day or two, and the raised cuticle sinks and becomes wrinkled; a red spot remains for some time after, and finally the skin clears up, seemingly only to get ready for another siege.

Following the attack of pemphigus, the patient complains of pain in the region of the duodenum, which is accompanied with gastric disturbances, vomiting and indigestion. We recognize the fact that pemphigus affecting the skin may be accompanied by an inflammation of the mucous membranes of the alimentary canal, the same as in cases of severe burns.

Cæco-colitis, cystitis and inflammation of the vagina frequently complicate the disease when it appears on the parietes of the abdomen or on the forepart of the thighs. The causes of pemphigus are very obscure. It attacks both sexes and individuals of every age. Chronic pemphigus indicates a bad state of constitution; it is always an obstinate affection and it has been known to appear as an epidemic.

In the treatment of pemphigus there are three indications to be observed:

1.—To keep nutrition in the best possible condition; 2.—To prevent such annoyances as occur from the rupturing of the vesicles; and 3.—To prevent all septic complications.

1. To fill the first indication, the internal use of quinia, mineral acids, strychnia and hydrastia may be employed with advantage. Milk diet and an occasional warm bath.

The preparations of arsenic are always to be prescribed with

great discretion and only when the intestinal tract appears free from actual disorder.

Chalybeates, such as the tinct. ferri mur. or syr. ferri iodid. or the subcarbonate of iron, are all very serviceable when the disease is associated with dysmenorrhœa or amenorrhœa.

2. The annoyance of the rupturing of the vesicles may be prevented by protecting them from friction. The bullæ may be carefully punctured, after which the collapsed vesicles may be protected by means of a rag smeared with carbolated oil.

3. The alkaline baths and free use of boracic acid in baths and ointments should be sufficient to prevent any septic changes likely to take place.

Individual symptoms may call for agents other than those mentioned above to control the particular constitutional effects that tend to complicate the disease.

RUPIA.—Rupia is a disease closely allied to pemphigus, but differs from pemphigus by its bullæ, resulting in thick, prominent, black or brown scabs, which hang to their resting-places for a considerable time. Of the varieties of rupia we have three: rupia simplex, rupia prominens, rupia escharotica.

Rupia simplex is usually evolved on the legs, loins and thighs, rarely on the body. It is proclaimed by one or more flat bullæ filled with a turbid serum, which is finally transformed into thick scabs of a chocolate color, which in a few days become detached and fall off, and this process may be repeated successively.

Rupia prominens presents larger bullæ, the scabs thicker and the ulcers deeper. The incrustations are inclined to hang longer, and if taken off a deep ulcer is seen beneath and a new scab forms.

Rupia escharotica is evolved in cachectic individuals. In children the bullæ do not acquire great dimensions, but they follow each other in great numbers, the sores becoming very painful, causing fever and sleeplessness. The cicatrization is a tardy process. I have seen many cases of rupia complicated with purpura, with chronic rheumatism and with constitutional syphilis.

Rupia is not a dangerous disease, only when the eruption is abundant. Its duration cannot be calculated, but depends on age, number and size of the bullæ, on the consequent sores, the de-

gree of constitutional vigor, whether there are any concomitant maladies, as scrofula, chronic affections of the lungs, alimentary canal, etc.

The treatment of rupia is both of a general and local character.

1. Bring about a modification of the constitution acting faultily in a greater or lesser degree.

A good diet is highly important—beef, milk, eggs and bread. The digestive functions to be seen to, so that such foods can be properly digested and assimilated. The skin should be kept cleansed with alkaline baths, and stimulated with a wash of wine and water, or with a solution of cream of tartar. The sores may be dusted with cream of tartar, which seems to stimulate the reproduction of new epidermis. After the falling of the scabs a decoction of bran or of althæa will be soothing to the parts.

ART. XXX.—Meeting of the National Eclectic Medical Association.

The National Eclectic Medical Association convened at the Opera House, Altoona, Pa., on Wednesday, June 17th, 1885. The President, Dr. H. K. Stratford, of Chicago, called the meeting to order, and the Rev. Mr. Criley offered prayer. The Hon. C. J. Mann, the Mayor, welcomed the Association to Altoona; to which President Stratford made an appropriate response.

The Committee on Credentials consisted of Drs. Covert of Wisconsin, Durham of Georgia, Martin of Maine, Woodward of Pennsylvania, and Williams of Alabama.

Doctors S. B. Munn, J. C. Butcher, L. T. Beam, L. P. O'Neale and J. R. Borland were appointed a Committee on Grievances.

The roll of states was called, and credentials were presented and referred. The committee reported at noon, after the President had delivered his annual address. A protest was filed against several of the delegates from Iowa, who were accordingly subjected to a more rigid scrutiny, but were finally admitted.

The Treasurer's report was submitted in the afternoon, and

referred to Drs. S. B. Munn and S. S. Judd, of Wisconsin, who reported all to be correct. The publication of Dr. King's address (9,000 copies) and an additional 100 volumes of Transactions ran up expenditures to nearly \$1,000; but the indebtedness had been materially reduced, and is now in a fair way of liquidation. The membership was never so large nor the Association so strong as at the present time.

The several constitutional amendments recommended by President Younkin were endorsed by Dr. Stratford, and adopted by the Association. Dr. E. G. Van Cise, of Iowa, was placed on the retired list. Henceforth a member who is expelled or dropped from membership in an auxiliary society ceases to belong to the National Association. The commendation of proprietary medicines subjects the offender to discipline.

The college controversy in Iowa cropped out at about every stage of the proceedings. It was the first thing heard of when a man awoke in the morning; an Iowa man was at every gate and street-corner, and one could not be a moment by himself but an Iowa man would come up and give him twenty solid minutes of narrative. The Secretary having been surfeited by Iowa matters, morning, noon and night, finally escaped to his room, literally exhausted. Others made like complaints. So fierce was the exasperation at the intolerable nuisance that every man who spoke on either side only weakened it. The Committee on Colleges, however, reported that they believed every thing which each said of the other—and so reported against both. The mistake was now made of allowing an unlimited debate, but finally a vote was arrived at to adopt the report. Yet, at the very moment before final adjournment, Iowa was the last thing for the President to pass on.

The first thing that occurred on Wednesday to meliorate the torment was the reading of a letter from Dr. Charles Band, apologizing for his absence from the meeting in his native state, and presenting \$100. Dr. Band thinks we have too many colleges and too many journals to support them well. He is a business man, and hence too sensible to appreciate the pruriency of fledgling physicians to be called Professors. He would prick their bladders and let the gas out.

The Sections A, B, C and D held sessions. Dr. Cashman reported Section E, *sub silentio*. The work was done most admirably. A large number of first-class papers was read, and the discussions were also well worth recording. The Secretary need not delay printing; he has all the material he needs.

A resolution by Dr. Howe may operate to lessen expenses, if not to smother the stupids. The length of articles is limited to fifteen pages; all printing beyond that must be paid for by the writers. If that had been done with Vol. XII., Treasurer Anton would have had the printer paid months ago.

Section A was held on Wednesday afternoon, Vice-President Durham acting as chairman, and Dr. H. B. Piper as secretary. Hygiene, Psychological Medicine, etc., were comprised in this section. Dr. Howe read a paper and reported some cases, and several other articles were read, discussed and referred.

The first bit of humor now occurred. Dr. Reichard, of Kansas, mentioned the fact that a block of stone in the Washington Monument had been placed there by the American Medical Association, and suggested that this Association make some similar demonstration. "I raise the point of order," said Dr. H. B. Piper. "This is unprofessional advertising, according to all medical ethics."

Dr. S. B. Munn reported the Constitution and By-Laws of the Eclectic Mutual Aid Society. They were adopted, and a provisional organization was formed, with Dr. Munn for president, Dr. Piper for vice-president, Dr. Wilder for secretary, Dr. Russell for treasurer, and Dr. Jay as medical examiner. The initiation fee was fixed at \$5, and dues on death of a member \$2.20. The society will go into operation when one hundred members are obtained. Twenty-six names were given on the spot. This organization will tend, more than is imagined, to cement the bonds of the National Association, and the good feeling exhibited at the meeting was marked and most cordial.

Section B was admirably conducted. It embraced *Materia Medica* and Practice, and, as well may be supposed, it is the department in which the great majority take most interest. When questions in regard to practice are fairly handled, and no offensive personalities are permitted, as they never should be, every Ec-

lectic goes home feeling that he has had a good time, and that this National Association is a great thing. Dr. W. H. Davis, of Chicago, was chairman of Section B, and Dr. John C. Butcher acted as secretary. The one is pretty ambitious, and knows how to make himself agreeable; the other has a somewhat heavy and plodding look, but is one of our very best workers. Dr. John C. Butcher is one of the foremost men among us, and will be when he is well found out. He writes an excellent paper, is a careful observer, a faithful and courageous physician. He read the titles of twenty-two papers, and gave a synopsis of the important points in many of them. The section was unable to conclude its business at a single session. It met on Friday, and gave us the Plymouth Epidemic. Dr. Munn made a very pertinent suggestion: whether the long cold winter had not led to a morbid accumulation of uric acid in the bodies of the sufferers, producing there typhoid and other morbid conditions.

The case of Dr. James M. Hole was again introduced. It is plain that the great majority of the members of the Association regard him as an injured man. His expulsion at Topeka was certainly precipitate, and ought to have been deferred one year. The only way that it is kept from reversal has been by treating it as a personal matter, and browbeating every man that utters a doubt in the case. Such a way of acting is almost equivalent to a confession of consciously doing wrong. It would be more manly to correct a mistake than to perpetuate it simply from personal spite, or because it has been done. Yet generally the injured person will forgive a wrong; the injurer ever hates the man he knows he has injured.

Drs. Stewart, of Ohio, and J. A. Reid, of Iowa, presented a paper asking the matter to be referred to the Committee on Grievances. This was done. Dr. Munn here committed a parliamentary blunder. No committee should sit, except in extraordinary cases, when the principal body is in session; yet he called the committee together, and Dr. Hole's adversaries did not heed his request to appear. They sifted the matter as best they could, and made the following report:

“ALTOONA, June 18, 1885.

“Your Committee on Grievances, in the case of J. M. Hole, would recommend that the doctor be re-instated upon the payment of all accrued dues, and restored to all his rights and privileges in this Association as a member thereof.

[Signed] S. B. MUNN, J. C. BUTCHER,
L. T. BEAM, W. M. DURHAM.

Attest. : J. R. BORLAND, Secretary.”

The Association adopted the report without a dissenting voice. Dr. Hole paid his nine dollars and took his seat as a member. The counsel of President Younkin had been followed, and by-gones seemed to be by-gones. So complete and perfect was this action that no legal power was left anywhere to disturb this adjustment of the matter.

Sections C and D were now held. Dr. Milton Jay acted as chairman of the Gynæcologic and Obstetric section, and Dr. Bennett, of Iowa, as secretary. A paper on Urethral Growths, by Dr. C. E. Miles, was read by Dr. Howe, and elicited profound interest. It is a most valuable contribution to Eclectic literature. Other papers were well considered.

President Stratford placed Chicago men in most of the sections, but it must be candidly acknowledged that they did their work well. The result surpasses every thing of former years. Every officer was the right man in his place. Dr. Jay has always worked sections well, and Dr. Davis has never been beat.

The Section on Surgery was next held. Dr. L. E. Russell was chairman, and Dr. J. B. McFatrack acted as secretary. The former is well known in the National Association; the latter is a professor in the Bennett Medical College. He had his baby with him. He had removed it from the body of a patient, who for thirteen years had carried it inside and outside of the place where it belonged. The operation was a masterly one, and stamps the surgeon as one likely to be in the first class among us, if he is not there already.

Dr. Howe read a paper on Surgical Progress, which was listened to with deep interest. Other papers were well read, some of them by title, and the section was dissolved.

Dr. Wilder offered two resolutions, commending Dr. Merrell's Digest of Materia Medica, and declaring that it ought to have a place in every physician's library.

The session of Friday began very inopportunately. It reminded the spectators of the peculiar personal exhibitions made by the American Medical Association at Cleveland some years ago, which called down the disgust of the entire community. The upshot of it was the rescission of all action taken favorably to Drs. Gunn and Hole; although in both cases this was clearly unparliamentary and illegal. Dr. Gunn perhaps deserved this, because of his action at Cincinnati last year; but Dr. Hole has been quiet, modest and correct in every thing, and the speeches made in both cases were unseemly and improper. One would hardly expect a sober man respecting himself to make them. Certainly as a friend to the National Association they would not have been made.

Dr. Hole was desired to appear before the Committee on Credentials. He replied that after such an exhibition he had no further desire to belong to the Association. Dr. Martin, of Maine, was about to pay an initiation fee for a member elect, but decided not to do it. He said that the man would never consent to belong where there was such a state of things.

There is still another fault. We see it again and again. Men sit in their seats dead silent, when a word from them would arrest the very thing they complain of; then they go home and find fault, generally never coming again. They are more to be blamed and less to be respected than those with whom they find fault. God deliver me from a friend that dares not say his soul is his own!

Medical legislation received a suitable notice. Dr. Howe offered the following resolutions:

"In view of the encroachments of '*regulars*' upon the personal rights of those physicians whom they have styled '*irregulars*,' we publish our will and express our position and sentiments in the following resolutions:

"*Resolved*—That the members of the National Eclectic Medical Association are all opposed to partisan legislation having in view the regulation of medical practice.

"*Resolved*—That we are in favor of Boards of Health organized for the good of the people, and not empowered to act prejudicially to any class of physicians.

"Resolved—That we encourage testing the constitutionality of laws already enacted in several States, giving authority to appoint health officials who discriminate against the professional interests of Eclectic practitioners."

Dr. Wilder, seconding the resolutions, called the attention of the members present to the fact that the American Medical Association had just voted to procure the submitting of bills to the legislatures, interdicting all from practicing medicine except those licensed by State Examiners; and that these should all be men proposed by Old-School Medical Societies. The Medical Association of Pennsylvania has already adopted the proposed measure; and now the issue is most sharply defined, which all Eclectics must meet. He demanded that the vote be taken by rising. Every one at once stood up.

The following dispatch was received and greeted with an uproar of cheers:

"BOSTON, June 18th, 1885.—Alexander Wilder, M. D., Secretary: Tell the Association now in session upon the beautiful mountains that Medical Despotism has been defeated by a vote almost unanimous in our legislature. Grass on Bunker Hill looks greener to-day because liberty still lives triumphant in Massachusetts.—HORATIO G. NEWTON."

The Electoral Committee was next chosen and made choice of the following officers: President, Henry B. Piper, M. D., of Pennsylvania; 1st Vice-President, J. W. R. Williams, M. D., of Alabama; 2d Vice-President, Geo. Covert, M. D., of Wisconsin; 3d Vice-President, Mrs. Elizabeth G. Smith, M. D., of Connecticut; Secretary, Alexander Wilder, M. D., of New Jersey; Treasurer, James Anton, M. D., of Ohio.

Janesville, Atlanta and Niagara Falls divided the choice of the next place of meeting. Finally Altoona received a three-fourth vote.

The session, with all its drawbacks, has been both profitable and encouraging to those who believe in Eclectic Practice. Those in attendance were emphatically representative men, the flower of the Association. It was a common remark that so intellectual a body of men had never assembled in Atlanta. The general wish was to do what was best for the cause and promote the wel-

fare of the Association. It is well to be patient with what we do not approve; every one must "give and take." This body is the great breakwater which holds Old-School aggression in check. It is feared and hated because of its power. One Eclectic can chase a thousand Allopathic conspirators, and two put ten thousand of them to flight. It requires bribery, as in New York; dissension, as in Iowa; extortionate and domineering measures as some seek to apply them, to weaken us. We come out of every fire purer if not stronger. The vote to go to Atlanta was received by the Southern members with much enthusiasm. The new president is very popular; many declare him the best parliamentary in the Association. It is to be hoped. We have needed such a man very often, a man that would not sit hesitating in the chair, or who did not treat the Association as his property. We have had such, and need them again. More anon.

JOHNSTOWN.

ART. XXXI.—Toothless and Hairless.—A Long Cord.—By T. C. CHEATHAM, M. D.

Mrs. W., æt. 18, strong and hearty, has no teeth and *never did have*, except two small peg-like representations of eye teeth and one stomach tooth; these were cut when about four years old and remained the same without shedding. Has no alveola process. Again, she is almost hairless *all over* the body—*very little* fuzz-like hair on the scalp—no eyelashes nor eyebrows; arms, legs and entire surface of the body void of hair, not even a fuzz; skin slick and glossy, born this way; never perspires the least bit, even in the hottest of weather, and never did. Says she is compelled to keep cold water applied to her head in hot weather, or the scalp gets dry, hot, painful, swells and cracks, the swelling extending over the entire face. She has a sister five years old similarly affected. Thirteen children in the family—all, except these two, with good and full sets of teeth and fine suits of hair. Mrs. W. appears well formed in every other particular; she is capable of doing a great deal of hard, physical labor.

I neglected to say this is a white lady. Now, can her condition be bettered by treatment?

A LONG CORD.—Mrs. J., white, large, strong and well formed, primipara, gave birth to a five-pound girl babe; the cord measured forty-four inches, and was wrapped three times around the neck. I have had a great many obstetrical cases, but this is the longest cord I ever saw.

ART. XXXII.—Meeting of the Missouri State Board of Health.

The State Board of Health met at Jefferson City, Mo., July 2nd, in response to a call from the Governor. The meeting was held at the Executive Department, all the members being present.

The membership of the State Board of Health, as at present constituted, is as follows: Dr. Albert Merrell, St. Louis, eclectic, appointed September 1, 1883, term expires July 2, 1887; Dr. George Homan, St. Louis, allopathist, appointed July 2, 1885, vice Dr. Gregory, resigned, term expires July 2, 1887; Dr. Jefferson D. Griffith, Kansas City, allopathist, appointed July 2, 1885, vice Dr. Hereford, resigned, term expires July 2, 1887; Dr. G. A. Goben, Kirksville, allopathist, appointed July 2, 1885, term expires July 2, 1892; Dr. Geo. M. Cox, Springfield, homœopathist, appointed July 2, 1885, term expires July 2, 1892; Maj. William Gentry, Sedalia, farmer and stockman, appointed July 2, 1885, term expires July 2, 1892; Mr. James B. Prather, Maryville, farmer and stockman, appointed July 2, 1885, term expires July 2, 1892.

A reorganization was effected by the election of Maj. William Gentry, President; Dr. Geo. Homan, Secretary; and James B. Prather, Treasurer. Dr. Merrell was continued in the office of Vice-President, he being the only member holding over.

Dr. Hearne, the retiring Secretary, appeared before the board by request, and made a statement regarding the financial operations of the old board. After some discussion an Auditing Committee, composed of Drs. Griffith and Homan and Mr. Prather, was appointed to go over the books and verify the statements and accounts presented.

An Executive Committee was created, composed of the President, Vice-President and Secretary. The President was empowered to appoint various committees, on recommendation of

the Executive Committee, to take up, investigate and report to the board upon matters affecting the health or well-being of the people and the live-stock interests of the State. Dr. Griffith was requested to prepare a report upon the recent occurrence of dysentery in almost epidemic form at Kansas City, as a probable result of the use by families of ice taken from near the outlets of sewers.

By invitation, Professor Sanborn, Dean of the Agricultural College, and Dr. Paul Paquin, State Veterinarian, appeared before the board and made statements regarding the present condition and prospects of live-stock interests in different parts of the State.

By resolution, Maj. Gentry and Mr. Prather were appointed a committee to prepare a report on this subject, in conjunction with Prof. Sanborn and Dr. Paquin, the same to be submitted to the board at the earliest possible date, and to be followed by additional data and information from time to time, as the committee may deem necessary.

The matters of drainage and sanitary measures in towns, and the control and supervision of nuisances generally throughout the State, were discussed, and the question of how the formation of local boards of health could be best encouraged and promoted was considered. It was deemed important that the aid and co-operation of the Superintendent of Public Instruction be invited, in order to know the condition of school houses and school premises. The efficacy of railway stations, yards, etc., as a means of spreading disease was suggested. It was thought advisable to co-operate in this direction with the State Board of Railroad Commissioners.

Other subjects discussed were the collection of mortuary statistics, the registration of births, and the proper sources of pure vaccine supplies in the event of an outbreak of small-pox.

The registration of physicians under the existing law will be continued, and the question of the feasibility of issuing a complete State registry was referred to the Executive Committee.

The session was adjourned at 6 p. m. in order to accept the Governor's tendered hospitality, and was resumed in the evening, when, after providing for proper representation at the con-

ference of State Boards of Health, to be held at Washington next fall, in connection with the meeting of the American Public Health Association, the board adjourned to meet at the same place, subject to the call of the President, on the second Tuesday in next October.

Although the Legislature at the last session failed to provide for the continued financial support of this body, the Governor and other State officials say they are earnestly desirous of its continuance, and have pledged themselves to use their influence with the next Assembly to provide for the deficiencies created by the failure of appropriation by the last one.

ART. XXXIII. — Electricity in a Case of Obstetrics. — By W. T. BAIRD, M. D., ALBANY, TEXAS.

On the evening of the 9th of June, 1885, I was called to see Mrs. L. R., of this place. I found her in labor with her first child. She was thirty-one years old, had a good constitution, and had always enjoyed good health. She informed me that occasional sharp and lancinating pains had annoyed her since the evening of the 6th inst., but at this time they were becoming much more frequent and severe. Upon examination I found the cervix elongated to an extent which I had never before discovered in one at term, and this elongated portion projecting into the vagina, and containing the presenting part of the vertex. The os was thick, yet firm and rigid, feeling more to the touch like cartilage than the tissue belonging to the os uteri. The pains, thus far, had produced no effect upon its dilatation, as it was still a "pin-hole os."

Fully knowing that by *any* plan of management, I had a case which would prove tedious, and that the indications were plain that I should do all in my power to control the pain with which she was suffering (which was now becoming constant, obtaining but little rest in the intervals), and to conserve her nervous forces so that they might be sufficient to carry her successfully through to a favorable termination; and, having no knowledge of any agent by which I could so successfully meet these indications as electricity, I therefore made an application of the faradic current, passing the current through her body from the

lumbo-sacral region to the abdominal region continuously for a period of thirty minutes. At the end of this time her rhythmical pains were much less severe, and she was enjoying refreshing rest in the intervals.

I now withheld the current for about six hours (when the pains again became harassing in the intervals of regular contraction), and then repeated the application with the same result. In this way I managed to secure her a sufficient amount of immunity from suffering to prevent any exhaustion for twenty-four hours, and in the time thus gained the os became softer and began to yield. At this time the contractions were beginning to exhibit a greater degree of force, and the pain resulting from them was proportionately greater. Therefore, the more effectually to control this pain, and to assist the uterus to perform its expulsive efforts with the expenditure of a *minimum amount of nervous force*, and to facilitate the labor; to prevent exhaustion, by securing perfect rest in the intervals of uterine contraction; to secure the speedy termination of the third stage of the labor; and, after this, to maintain the uterus in a state of *tonic contraction*, and thus prevent post-partum hemorrhage—to successfully meet all these indications, *I now, from this time on to the conclusion of her labor, applied the current during the time occupied by each recurring rhythmical uterine contraction.* And I may here state that each indication, as above set forth, was promptly met and as promptly fulfilled. The pains, which were due to the regular uterine contractions, were so far modified as to be but little complained of, and in each interval she was enabled to secure a refreshing respite. That nervous force was conserved, and exhaustion prevented, was fully evinced by the fact that at no time during her labor did her pulse-rate exceed 90 per minute, and in fifteen minutes after its conclusion it was but 75 per minute, with a full, soft and equable stroke; nor, at any time, did she exhibit, either by word or action, symptoms of fatigue or exhaustion.

There was no fluid in the amniotic sac. Whether it had been removed by absorption, or had passed off gradually before the onset of labor, the patient herself did not know.

The labor was completed on the evening of the 11th, by the

birth of a female child which weighed seven pounds. The labor was concluded in twenty-four hours after I commenced the use of the current with each pain, and in forty-eight hours after I had commenced its use in this case, and in six days after the first labor pains were felt; the placenta was expelled by the contraction of the uterus, without traction upon the cord, immediately upon the expulsion of the fœtus. There was absolutely no post-partum hemorrhage, uterine contraction being perfect and well maintained. Upon my visit to her the next morning, I found her *sitting up in bed to let her child nurse*, and she informed me that she would have gotten out of bed during the night to obtain a drink of water, but the nurse would not allow her to do so. No abdominal pain or soreness was complained of, and she said she had been able to turn herself in bed without assistance during the night as she desired. On the fifth day she sat up long enough to have her bed dressed, and her convalescence has been favorable and uninterrupted.

I beg to be allowed to state here that during the entire course of the labor the rectum and bladder received due attention and were kept promptly evacuated, and that at no time was the head of the fœtus impacted in any part of the parturient canal, but that after dilatation of the os was complete, and the head had become engaged, that it advanced during each uterine contraction, and properly receded after its cessation.

The object of the above report is to exhibit the claims of electricity as a therapeutic agent of inestimable value in obstetrical cases.

1. As a sedative, allaying all reflex pain, such as "pain in the back," flying, darting, shooting, cutting or grinding pains in the abdominal region, *and modifying, to a sensible degree*, the pain attendant upon the regular uterine contraction.

2. As a stimulant to all the muscular fibres engaged in the parturient effort, stimulating them to *contraction*, which has at this time become with them a *special function*, and thus bearing directly on the rapidity of the dilatation of the os, and the expulsion of the fœtus and placenta, securing firm and tonic contraction subsequent to labor, thus preventing post-partum hemorrhage and promptly expelling all coagula and lochial

fluids before decomposition of them occurs in the uterus, thereby preventing septicemia and facilitating involution.

3. As a tonic, exhibiting refreshing and restorative effects, thus preventing fatigue and exhaustion, *thereby forestalling all indications for the necessity of forcible delivery*, furnishing to all of her nerve centers, and to every nerve, and to every muscular fibre engaged in the labor, both voluntary and involuntary, *a new force*, a force which is not a part of her own system, though so nearly allied to her own nervous forces, that it accomplishes the work set apart for them, independent (almost) of their presence in her nerve centers, leaving the supply in them unimpaired and unexhausted, free to exhibit and maintain its refreshing and restorative influence on her organism, and thus to secure to her a condition of *rest*, which condition herself and all of her anxious friends are fully cognizant of and duly grateful for; a condition which sustains her, not only through her labor, but which exerts its beneficent influence throughout her entire convalescence.

I will not attempt to occupy any of your valuable space at present by giving any of the ordinary and recognized methods of management in cases of "*rigid os*," or make any comparisons of them and my own as set forth in the above case, but will leave the reader free to do this for himself; but will here say that this is the second well-marked case of this kind in which I have employed the electrical treatment with the same happy results.

For a report of my first case and a full discussion of the subject of the use of electricity in obstetric practice, with details of the applications, etc., I beg leave to refer the reader to a series of papers in the *American Journal of Obstetrics*, commencing with the April No., 1885.

NOTE—We have read these papers, and know them to be good.—[EDITOR.]

Acid Mannate.

Teaspoonful doses three times a day of Acid Mannate will keep the bowels in a soluble condition, favor the secretion of bile, and gradually remove the congested and torpid condition of the liver.

ABSTRACTS.**Surgical Treatment of Uterine Displacements.**

This covers a wide and varied field. Pessaries are applied discriminately and indiscriminately, by the skilled gynæcologist and by the veriest tyro. I believe, as a whole, they do more harm than good; unless well applied, they cause ulceration, irritation, erosion, leucorrhœa and pruritus. They often sustain a patient morally, and she will declare that she cannot exist without one, when in fact it gives no material support whatever. The following cases in my own practice will serve to illustrate this:

A girl, aged 22, a type-setter, came to see me on account of prolapse and leucorrhœa. She had had a hard-rubber ring pessary inserted some weeks before. I found, upon examination, no displacement whatever, but quite serious and extensive irritation caused by the pessary. I explained the whole case to her, and advised removal of the pessary. Within the course of a week she returned, telling me she could not work without the support of the instrument, and that if I did not introduce it she should get some one else to do it. Re-examining the girl with the same result as before, I felt sure the sensation of falling was a nervous symptom, and that to re-apply the pessary would be but to renew the irritation. I explained it to her, but nothing would do but the pessary, and in order to relieve her mentally I feigned its introduction, and told her if she felt no inconvenience from it she need not return for six months. At the expiration of that time she had not lost a day, and had not suffered from any of the previous sensations. She begged to continue wearing the supposed pessary.

Usually, it would be safe after illusion by telling the person the whole truth. But there are cases so nervous, and with so vivid an imagination, that health and well-doing depend upon some support, real or imaginary.

Recently a woman consulted me who said she had retro-flexion, and was wearing a pessary for it, and wished me to see if it was in a good position. I found a marked case of chronic ante-flexion, with retro-flexion pessary. In all proba-

bility impacted fæces had been diagnosed as a retro-flexion uterus, and the woman had been getting an imaginary relief from a pessary that could not, in the least, have benefited the existing displacement.

One other case may be given as a warning to physicians. A working-girl came to me to be relieved of a profuse and offensive leucorrhœa and pruritus. When asked if she had been examined or treated for uterine trouble, she replied that she was examined and quite badly hurt by a physician some six years before, but since then she had neither been examined nor treated. Upon examination, I found an old, corroded, fetid ring-pessary; the vagina had granulated erosions all about where the pessary pressed upon it, and the parts were in a deplorable condition because of the profuse and excoriating leucorrhœa. Here was a sin of commission rather than of omission, and no physician should be guilty of it. If used at all, each case must be individualized, and the pessary must be suited to it, or it will do much more harm than good.

However well selected and applied, pessaries cannot, in my opinion, be considered a means of cure, but, like a crutch, they may in some cases help the patient to get about with more comfort. There are scores of pessaries, all planned with like aims in view, to elevate and support the uterus, and to straighten any flexures that may exist in it.

The ring-pessary, made of soft or hard rubber, or of malleable wire incased in rubber, is used more frequently than any other in cases of prolapse in its earliest stages. The hard rubber is preferable to the soft, because it absorbs the vaginal secretions less readily and becomes less offensive.

If a pessary causes disagreeable sensations, it must be removed; if well-adjusted, it gives no discomfort. Vaginal injections should be taken at least twice a week while one is worn, and it should be removed and thoroughly cleansed every two or three months.

Retro- and ante- flexion pessaries are made thicker, or are elevated anteriorly or posteriorly, in accordance with the end to be achieved.

Metal or hard rubber stem-pessaries are usually applied with

the aim of straightening an acute angle in ante- or retro-flexions. They should be a half-inch shorter than the cavity of the uterus. They may be worn during the menses, but it is well to remove them after they have been in place a month or two, in order to see if there is less dysmenorrhœa, or if it is entirely absent. It is often necessary to introduce an ante- or a retro-flexion pessary in connection with a stem-pessary, as the uterus may drop backward or forward with the stem in it. In complete prolapse, and when combined with prolapse of the vagina, the restored parts can rarely be kept in place without the aid of a pessary that has an external support.

Cutter's cup-and-stem pessary is the best for this purpose.* In ante-flexion, external abdominal support, if well adjusted, often gives great relief, especially to women with heavy abdominal adipose and relaxed abdominal muscles. A good deal of comfort is often experienced in prolapse and in retro-flexion by introducing a sponge with a string attached to it; the patient may learn to apply and withdraw it herself. When smeared with carbolized oil, it may remain for three days without causing irritation or becoming offensive.—*Mary J. Safford, M. D., in Medical Counselor.*

Cholera.

Prof. Bartholow says as the cholera discharges are distinctly alkaline, the universal outward osmosis can only be checked by the administration of an acid. He recommends for the preliminary diarrhœa: *R.* Acidi sulphurici aromat., \mathfrak{zss} .; tinct. opii, deod., \mathfrak{zss} . *M. Sig.* Twenty drops in water every hour. Or —*R.* Acidi sulphurici, dilut., \mathfrak{zss} .; tinct. opii camph., \mathfrak{ziss} . *M. Sig.* A teaspoonful well diluted every hour or two.

Many prefer acetate of lead or opium in pill form or in solution. A favorite combination with others is spirits of chloroform, tincture of rhubarb, tincture of cinnamon and tincture of opium.

Another efficacious remedy is the hypodermatic injection of morphia, gr. $\frac{1}{4}$ and atropia, gr. $\frac{1}{120}$. Mustard to the epigastrium

* Stanfer's or McIntosh's stem-pessaries are even better than Cutter's.—EDITOR.

or a fly blister will aid in the arrest of vomiting. Other remedies for the vomiting stage are carbolic acid, chlorodyne, camphor, chloroform and the hypodermatic administration of morphia and chloral. Both in this and in the algid stage, Prof. Bartholow has obtained the best results from the internal use of sulphuric acid, combined with the employment hypodermatically of morphia and atropia, followed by chloral. He considers chloral to be more efficient in the treatment of the later stages of cholera than any single remedy. It frequently allays the vomiting and purging, relieves the cramps, and brings about reaction as if by magic. The result is obtained by its action upon the nervous system, where the poison of cholera seems to spend its force. In desperate cases, Prof. Bartholow recommends the intravenous injection of salines.

After reaction has been secured, the urinary secretion must be restored in order to avoid a fatal result from uræmia or cholera-typhoid.

Prof. DaCosta says that success in the treatment of cholera depends in a great measure upon the treatment of the preliminary diarrhœa. Check it, and the general mortality will be decidedly lessened. Years ago, he was impressed with the value of sulphuric acid in this stage. A valuable combination is: *R. Acidi sulphurici dilut, mx.; tinct. opii, deod., mx.; aqua menth., pip., ʒij.* To be taken every fifteen to thirty minutes until the diarrhœa ceases.

The experience of the physician in India has shown that good results may be obtained in this stage from the administration, every three or four hours, of: *R. Plumbi acetatis, gr. iv.; pulv. opii, gr. j.; aqua, ʒij.*

If the case be one of more than ordinary severity, a pill composed of capsicum, opium and camphor will often produce a most happy effect: *R. Capsici, gr. iv.; camphoræ, viij.; ext. opii, aq., gr. ij. M. Ft. pillulæ No. IV. Sig. One pill every half-hour.*

If the case still go on, and vomiting, purging, with cramps and rice-water discharges occur, Prof. DaCosta says that the first and most important thing to do is to stop the patient from drinking any fluids whatever. His experience in this respect

agrees with that of McNamara and the Indian physicians. The patient may be allowed to swallow small pellets of ice, which will allay the thirst without overloading the stomach. The whole abdomen should be covered with a mustard plaster, to lessen the cramps, nausea and vomiting. Medicinally, capsicum, opium and camphor are still to be depended on, but they had better be given in liquid form now, and in small, frequent doses: *R.* Tinct. capsici, mij.; tinct. opii, deod., mx.; aqua camph., ʒij. *M.* Sig. For one dose. To be repeated every half hour.

If the stomach be too irritable to retain the medicine, morphia may be given hypodermatically. Friction with dry mustard is invaluable for the cramps in the extremities. At times they are relieved in a marked manner by the hypodermatic injection of chloral, gr. xv-xxx, largely diluted.

If the various astringent remedies have failed to arrest the excessive secretion and the case is progressing unfavorably, experience has shown that the alterative plan may be resorted to with advantage. Some physicians advise repeated large doses of calomel. Prof. DaCosta has obtained more benefit from the administration of one dose of gr. v., to be followed by small doses of gr. $\frac{1}{4}$ every hour.

If collapse be impending, friction with hot mustard, hot turpentine, or hot whiskey, must be persistently employed, and small amounts of warm whiskey or brandy given every few minutes by the stomach or hypodermatically. The hypodermatic use of caffeine, in gr. iss. doses, is warmly recommended by some of the most distinguished French therapeutists. If the patient is still failing, blood-letting has been proposed as a last resort, and has been used with success in some cases. Absorption and circulation appear to have been restored as soon as the venous stasis was removed by the withdrawal of a quantity of thickened blood from the swollen veins.

Prof. DaCosta is convinced, however, that the best results in this apparently hopeless stage will be obtained from the intravenous injection of salines. The effect of this procedure in the cases reported was marvelous. A very good formula for the solution is: *R.* Sodii chloridi, ʒj.; sodii carb., ʒiij.; aqua,

Ovi. M. Warm to the temperature of 108° , and slowly inject ℥ij per minute into a vein until ℥xl have been thrown in. If necessary, ℥xl more may be injected after a short time, but it will not be advisable to exceed that amount.

After reaction has been established, there is still danger of death from secondary irritative fever or from uræmia due to the clogging of the uriniferous tubules with cast off epithelium.—*Medical Bulletin.*

The Influence of *Cimicifuga Racemosa* on Parturition.

In a paper on the cohosh, contributed to the *Chicago Medical Journal and Examiner* by Dr. J. Suydam Knox, he says:

My cases number one hundred and fifty-seven primiparæ and ninety-three multiparæ. Considering labor as commencing as soon as pains are regular, its average duration among primiparæ was six and one-fourth hours, and among multiparæ exactly three hours.

Considering the second stage of labor as beginning with full dilatation of the external os, its average duration among the primiparæ was one hour and forty-five minutes and among the multiparæ only twenty-seven minutes.

In reviewing my notes of the above one hundred and fifty cases, I have come to the following conclusions:

1. *Cimicifuga* has a positive sedative effect upon the parturient woman, quieting reflex irritability. Nausea, pruritis, and insomnia, so common in the last six weeks of pregnancy, are always bettered and often disappear, under its administration.

2. *Cimicifuga* has a positive anti-spasmodic effect upon the parturient woman. The neuralgic cramps and irregular pains of the first stage of labor are ameliorated, and often altogether abolished. In fact, during the first indiscriminate use of the drug in all cases, I had the mortification, with a few women, of terminating the labor so precipitately, and without prodromic symptoms, as to be unable to reach the bedside before the birth.

3. *Cimicifuga* relaxes uterine muscular fiber and the soft parts of the parturient canal by controlling muscular irritability, thus facilitating labor and diminishing risks of laceration.

4. Cimicifuga increases the energy and rhythm of the pains in the second stage of labor.

5. It is my belief that cimicifuga, like ergot, maintains a better contraction of the uterus after delivery. It is my habit, however, to administer fifteen to thirty minims of fluid extract ergot after the birth of the fetal head, and I have had but a few opportunities of testing this effect of the cohosh.

My method of administration has been to give fifteen minims of the fluid extract of cimicifuga in compound extract of sarsaparilla each night for four weeks before the expected confinement.

One fluid ounce of the fluid extract cimicifuga to three fluid ounces compound syrup sarsaparilla—dose, one teaspoonful—make just the required quantity.—*American Practitioner*.

Oleum Gaultheria and Galvanic Electricity in Chronic Catarrhal Deafness.—By A. N. SHOTWELL, M. D., MT. CLEMENS, MICHIGAN.

Considering the rapid increase of this troublesome disease, and the unsatisfactoriness of the ordinary treatment, we should look forward without prejudice to any new device which will mitigate this trouble.

I will take for the subject of this sketch three cases of catarrhal deafness, all of different ages and conditions.

CASE I.—A man, æt. 30, came to my office complaining of loss of hearing, with continuous buzzing in the ears, which was sometimes very severe. On examination, I found follicular pharyngitis in an aggravated form, with a good deal of expectoration. On March 25 he could only hear the tick of a watch on left side eight and one-quarter inches from the head. I commenced by employing astringent sprays in the throat and nose and equal parts of ext. hamamelis and glycerin.

After using Dobell's solution to cleanse the membrane, and at different times argenti nitrat., gr. xx to 3i of water, applied with a probe to the enlarged follicles, I commenced with galvanic electricity passed through the ears. On April 10th I tested the ears with the same watch under the same conditions, and found that hearing had increased from eight and one-quarter

to nineteen inches, I continued the use of electricity up to April 29th, when the patient complained of return of buzzing, and could not hear quite as well, when I commenced to use one part of *ol. gaultheriæ* with three of *ol. olivæ* into ears, by dipping a small piece of absorbent cotton into it and leaving it in overnight, when the buzzing stopped. On May 21st I again tested hearing, and found it had increased to twenty-six inches; again, on May 26th, to twenty-nine inches, and the patient is now about as well as ever.

CASE II., March 15.—Lady, æt. 22, complained of deafness; had been treated at various times by different aurists without success. In left ear could only hear the tick of a watch four and one-half inches; right, eight and one-quarter inches. In this case I also used electricity, passing the current through both ears, and on March 25th the watch could be heard by the left ear at six and one-quarter inches; right, twelve inches. April 12th, left, nine and one quarter; right, seventeen inches. April 21 the patient complained of soreness in external ear on left side, and her hearing was reduced to five inches; right side, eighteen inches. Stopped electricity one week, when ear commenced to improve, and I began to use *ol. gaultheriæ* as above and battery every other day, when there was a gradual improvement from day to day. May 26th, she hears the watch in the right ear at twenty-seven inches, and in the left at eight inches. She says the left ear has been poor from some sickness of childhood, but there is no perforation of membrane, only a white metallic lustre, with slight contraction.

CASE III., April 8.—Child, æt. 8. Father said child was getting very deaf; found *membrana tympani* of a metallic lustre, the tonsils very much enlarged, with nose almost entirely occluded; child of medium health, and attending school. I tested hearing April 8th, when she could only hear the tick of a watch three and one half inches with right ear and three inches with left. I then began the use of the galvanic current, and on April 25th, right, three and three-quarters; left, six inches. May 5th, right, six; left, nine inches. May 13th, right, twelve; left, eighteen inches. May 18th, right, twenty-eight; left, twenty-four inches. On May 1st I commenced the use of the *ol. gaultheriæ*, and the case commenced to improve at once.

In each of these three cases I used the double ear electrodes, as made by McIntosh, of Chicago, using McIntosh battery, mild current, just short of any burning. I use from two to four cells, ordinarily three, and electrodes as near of a length as I can get them, and use negative with ear electrodes, and positive on the mastoid process, for five minutes on each side, with small sponges in both ears.—*Therapeutic Gazette*.

M'Intosh Galvanic and Faradic Battery Company.

The M'Intosh Galvanic and Faradic Battery Co. deserve especial mention for their fine display of goods and the wonderful improvement they have made in electrical goods generally, and especially for their combined solar microscope and stereopticon. It is an instrument that every school and college in the country should have. At the exposition in New Orleans they received first medal for fine displays of electrical goods and first medal for their combined solar microscope and stereopticon. Dr. L. D. McIntosh, the inventor, deserves great credit for arranging and making this display, because he met in competition the electrical inventions of Europe and America and took the first medal.

Gonorrhea.

In the early treatment Prof. Gross condemns the use of injections. His plan is as follows: If possible, put the patient to bed; give him at the outset a purge, by administering Epsom and Rochelle salts, each $\mathfrak{z}\text{ij}$, in lemon syrup. Allow no meat or any stimulating articles of diet, etc. Malt liquors do more harm than alcoholic, so interdict both. No tea or coffee, but give him milk, eggs and some oysters, etc. Three times daily he is to hold the penis in a cup of hot water—quite hot. Keep the organ there for five minutes at a time, then wipe it gently each time.

The internal treatment will be by the "antimonial and saline mixture": *R.* Antimonii et potassii tartrat., gr. $\frac{1}{10}$; magnesii sulphatis, $\mathfrak{D}\text{ij}$.; morphinæ sulphatis, gr. $\frac{1}{8}$; tinct. aconiti radices, gtt. j.; liquor potassii citrat, f \mathfrak{z} ss.; olei limonis, gtt. ss.; elixir simplicis, f \mathfrak{z} ss. *M.* Sig. Ter die. By this treatment the urine will be rendered bland and unirritating. Should the

urine persist in "scalding," then add to the above prescription gtt. x tinct. cannabis indicæ. To prevent or cure chordee, order at night a suppository of: R. Extract. opii, camphoræ, aa gr. iij.

In the course of four or five days the discharge from the urethra will look more like laudable pus; then order an injection: R. Hydrargyri chloridii corrosivi, gr. ij.; aquæ destillat, O j. Sig. With a syringe that holds an ounce, inject into the urethra—having first "flushed" the canal several times by voiding urine—and retain the fluid for five minutes.

Internally, a useful combination is that used at the out-door department at the hospital, and consisting of: R. Cubebæ, ʒij.; alum. pulv., ʒj. M. Sig. Of this take a heaping teaspoonful in a tumbler of water ter die; the dose to be increased.

Should the discharge still persist use an injection of: R. Liquor. plumbi subacetatis, f ʒj.; aquæ, f ʒx. M. Or—R. Plumbii acetatis, gr. ij.; zinci sulphat., gr. iij.; aquæ, f ʒj. M. Or—R. Acidi tannici, gr. ij.; aquæ, f ʒj. M. — *Col. and Clin. Record.*

The Therapeutic Value of Resorcine.

In an interesting paper, read by Dr. A. F. Pattee before the last meeting of the American Medical Association (*Journ. of American Medical Association*, May 9, 1885), he states that he has used resorcine extensively in various forms of gastric disturbances, such as in eructations of gas due to food lying in the stomach, and not acted upon by the gastric juice, in pain and vomiting from the same cause, and in gastric dilatation. In ulcer of the stomach it is a most efficient remedy, and agreeable to the patient. The stomach may be washed out with a five per cent. solution, or if the patient emphatically objects to this unpleasant operation, or other conditions do not favor the introduction of the tube, quite as good results may be accomplished by first cleansing the stomach and bowels with a saline cathartic, and then administering 5 grains of resorcine in an ounce of water every hour until six doses have been taken.

In catarrh of the stomach, and in the chronic gastric catarrh of drunkards, resorcine is excellent; it breaks up the thick tena-

cious mass which coats the mucous membranes. In chronic intestinal catarrh it cures by preventing the fermentation of food, if taken in doses of five grains to the ounce of water before meals; also in flatulence of the bowels from the same cause.

It will prove a most satisfactory remedy in the abdominal pains and feverish condition of children, resulting from improper food, and also in acute and chronic diarrhœa of children. Its lack of irritant qualities, no less than its antifermentative properties, gives it a specific value. It is equally serviceable in the diarrhœa of adult life.

In whooping-cough it will at once arrest the paroxysms of coughing, if a fifty per cent. solution is sprayed upon the larynx; and if this application is kept up every two hours it will remove it altogether.

The action of resorcine as a local application to the mucous membranes is by no means enhanced by using it strong enough to produce vesication. Dr Pattee has found a fifty per cent. solution to do much better in ulcerated sore throat than the crystals; and sometimes, where there is great tenderness of the parts, the substitution of glycerin in the place of water is still better.

Resorcine is a very good remedy in acute tonsilitis, in eczema of the throat, and in catarrhal irritation of the fauces. Dr. Pattee states that he knows of nothing better to remove the mucus which coats the membrane of the throat in catarrhal conditions than a one per cent. solution used as a gargle; and in diphtheria, as a local application to the diphtheritic membrane and surrounding parts, it is invaluable, the strength to be from fifty to seventy-five per cent. in glycerin. This is the most eligible application, and should be repeated every hour; at the same time, let the patient take gr. xxx. to lx. during the twenty-four hours.

In varicose ulcers this may be used with the glycerin plasma—one to eight. Carbuncles and boils may also be treated in this manner.

Dr. Pattee has had good success in treating bubo with this remedy, by injecting a five per cent. solution into the abscess, and applying the plasma externally. Chancroids heal more

readily under the action of resorcine than any other remedy that he has ever used.

In ulcers of the cervix uteri, in chronic endometritis and in uterine catarrh a fifty per cent. solution should be applied to the mucous lining of the uterine cavity, on the cotton-wrapped probe. It is quite as useful in acute vaginitis, and in gonorrhœa and inflammation of the urethra in both sexes. Pressed up into the vagina in the plasma form, it will quickly arrest severe vaginal leucorrhœa or gonorrhœal discharge.

In obstetrical cases the puerperal symptoms can be arrested by the internal and local use of resorcine. Introduced into the vagina after parturition, its antiseptic action on the lochial discharge renders it harmless if absorbed into the system.

In hemorrhoids and fistula, and in abscess of the rectum, it is very useful. The abscess and internal hemorrhoids may be treated with resorcine in the suppository form, a manner thoroughly appreciated by all who have had much experience with daily local applications.

In some forms of skin-disease he has found it quite beneficial, especially in those which have much redness and burning as their characteristic symptoms, as acne rosacea and some forms of eczema. It may be used as a lotion, made up of five parts of resorcine to two parts each of glycerin and water. He has succeeded with this preparation after arsenic, sulphur, and all the other well-known remedies had failed.

Resorcine may sometimes be used upon the skin more advantageously in an ointment made up with vaseline or simple cerate, thirty grains to the ounce. In making this ointment, it is very important that a little water be added to the resorcine, so that it may be broken into a plastic mass, forming a soft, unctuous compound. This will be found a nice thing for burns, cuts and bruises, where suppuration is threatened or has already appeared.

Specific Medication for Whooping-Cough.

Dr. C. R. Illingworth writes, in the *Lancet*: "I have found a popular remedy very efficacious in the treatment of whooping-cough. I refer to picked oakum, worn by the patient either round the neck in muslin or on the chest as a pad stitched to the

underclothing. Locally I apply the glycerine of tannic acid with a laryngeal brush two or three times a day, and internally I prescribe one-, two- or three-grain doses of chloral, one, two or three minims of belladonna, one grain of alum, and one minim of carbolic acid, in syrup, every two or three hours. A liniment of turpentine, acetic acid and yolk of egg is an excellent application for the chest, back and neck, night and morning, with the liniment of belladonna added in proportion of 1 to 7. In children two years or more, I have applied carbolic acid and glycerine, in the proportion of 1 to 15, to the larynx with success, each application checking a paroxysm at once. With the above-mentioned treatment I cure the worst case in from seven to ten days."

Vaginismus Extraordinary.

Dr. F. Y. Davis, ex-United States Army, relates the following case in the *Medical News*:

While practicing in Pentonville, England, he was called about midnight to see a case quite unique. The gentleman calling him said that about bedtime, as he went into the back kitchen to see if the house was shut up, he was attracted by a noise in the coachman's room. On going there, he found the coachman in bed with one of the maid's. She screamed, he struggled, and they rolled out of bed together and made frantic efforts to get apart, but without success. He was a big, burly fellow, over six feet high, and she was a small woman of not more than ninety pounds. She was moaning and screaming, and seemed in great agony, so that after several fruitless attempts to get them apart the doctor was sent for. When he arrived, the man was standing up supporting the woman in his arms, the penis being locked in her vagina. After trying to liberate the organ with water and ice, and failing, chloroform was administered. A few whiffs of this put the woman to sleep, and released the penis. This was swollen, livid and very sore, and was in a state of semi-erection, which did not go down for several hours, and for days the organ was very painful. It must have been that there was a spasm of the sphincter at the orifice of the vagina, which nipped the penis and prevented the outflow of blood from the organ.

Electro-Medical Apparatuses.

Electrical appliances are now recognized as indispensable to a physician's outfit. A good battery, if used with care, lasts many years and is a source of pleasure and profit to its possessor. A poor battery is usually out of order when needed, and too often is a source of deepest mortification. Those requiring anything in this line should consult the Jerome Kidder Manufacturing Company, 820 Broadway, New York. Take nothing but first-class goods.—*Leonards' Illustrated Journal*, Jan., 1885.

Cocaine in the Treatment of Inflamed Nipples.

The limits of usefulness of cocaine do not yet seem to have been reached. The sphere of its therapeutic activity is, on the contrary, constantly increasing. One of the peculiar features of the remedy is the promptness and constancy of its action. Its latest employment is that advanced by Unna in the treatment of inflamed nipples, in which affection, he holds, it has no rival in almost marvellously removing both pain and soreness. Every physician knows how troublesome and difficult it is to cure a fissured nipple if a baby is nursing on it. To afford prompt relief, even while the child nurses, has not been hitherto accomplished. Cocaine is said to have succeeded in all cases tried by Unna and others. The nipple is to be brushed every ten minutes, in the intervals of nursing, by a weak solution (one-half to one per cent.) of the hydrochlorate of cocaine. Within one or two days the fissure will have healed completely, and all pain, consequently, will have disappeared. The bitter taste of the drug does not prevent the child from nursing, nor is there any danger of its absorption and consequent untoward effects in the child. It would even, possibly, benefit the child when irritable and restless.—*Wiener Med. Wochenschrift*, March 12, 1885.

Food for Infants.

Mellin's Food is a dry powder made from wheat and malted barley. By a careful, scientific process the indigestible portions of the grain are extracted, and the entire starch property is converted into dextrine and grape-sugar by the action of the malt diastase. Thus the greater part of the work of digestion is performed before the Food reaches the stomach.

EDITORIAL.

Kansas Medical Law.

In the June issue of this journal we published what purported to be the Medical Law of Kansas, but we have since learned that Sections 8 and 9, as we published them, were never passed by the Legislature. We are exceedingly sorry that such a blunder was committed, but we hope this item will be a sufficient correction of what we published.

Give us Patients that are Distinguished.

General Grant at this writing, July 20th, still continues to suffer from his *cancerous* ailment. He has lost his speech, and is now occupying a cottage home, offered by one of his friends, at Mt. McGregor, near Saratoga. His medical expenses have now exceeded \$110,000, a fact that shows how doctors can measure their bills by the fame of the patient. A number of opulent admirers have undertaken the payment of these bills, on the ground that the General's financial condition could bear no such strain.

How I wish some of my patients were distinguished! I was called, not long since, to see a little infant, not known in the world, except by the midwife and the members of its own household, and these had their first introduction but a few hours before my visit. On account of its much crying, the midwife had given the babe a teaspoonful of paregoric, and I found it blue and almost breathless. No opportunity was afforded to get it to swallow an antidote. I saturated cloths with whisky and coffee, and wrapped the little infant in these, and in the course of twenty-four hours and a number of visits the child revived.

On presenting my bill for services, payment was refused, and I got not a cent. The mother expressed surprise at my presenting a bill for a small baby like that. "And fath," said she, "the baby has niver earned a cint, and you niver gave it a drap of anything."

Give us patients that are distinguished.

Y.

The Iowa State Eclectics.

The eighteenth annual meeting of the Iowa State Eclectic Medical Society assembled at Grinnell, in Stewart's Hall, at 2 o'clock P. M., Wednesday, June 3rd, 1885. The President, A. C. Sherwood, M. D., presided, and welcomed the members of the society.

The meeting was opened by prayer by Rev. English. An address of welcome was then delivered by ex-Mayor H. G. Little, who paid a grateful tribute to the medical profession, and welcomed the society to the city of Grinnell and its hospitalities, which was ably responded to in behalf of the society by Dr. O. P. H. Shoemaker. In the absence of the Secretary, Dr. J. A. McKlveen was appointed Secretary *pro tem*. The President appointed the following Committee on Credentials: E. D. Wiley, of Des Moines, J. H. Wiley, Oskaloosa, and E. H. Harris, of Grinnell.

The following gentlemen were reported by the Committee on Credentials for membership: Wm. C. Buell, M. D., Des Moines; J. B. Horner, M. D., Davis City, Ia.; and A. M. Gow, Martinsburg, Ia. On motion, the report was adopted and the applicants elected.

The Association assembled in the evening to listen to an address by Dr. Magoun and an original poem by Miss Rena Clark. A fair audience was present. The exercises were opened at 8 P. M. with a quartette by Profs. Tom Ward and Willard Kimball and Messrs. A. L. Child and J. C. Walker. It was a beautiful selection, and was well received. The President, Dr. Sherwood, then introduced Dr. Magoun, who addressed the Association for about half an hour in his usual interesting manner.

After the exercises closed in the hall, the doctors and many citizens repaired to the residence of Dr. E. H. Harris, where a brilliant reception was given by the doctor and his amiable wife. After a half hour or more spent in introductions and social chat, Mrs. Etta Holyoke sang a beautiful solo, the piano accompaniment being played by Mrs. Christian. Dr. J. A. McKlveen, of Chariton, then addressed the company.

The election of officers by ballot resulted as follows: Presi-

dent, E. H. Harris, M. D.; Vice-President, N. L. Van Sandt, M. D.; Treasurer, J. L. McKlveen, M. D.; Recording Secretary, E. D. Wiley, M. D. Corresponding Secretary, J. H. Wiley, M. D. Drs. Bennett, Read and Harris were appointed a Committee on Bureaus.

Committees on Bureaus, as appointed: Anatomy, A. P. Edgar; Physiology, A. W. Moxley; Surgery, E. D. Wiley; Eye and Ear, O. H. P. Shoemaker; Throat and Lung, H. O. Conoway; Nervous Diseases, J. A. Reed; Diseases of Children, B. T. Gadd; Theory and Practice, Van Lackum; Gynecology, J. L. Bennett; Skin Diseases, McKlveen; Obstetrics, N. L. Van Zandt; Medical Jurisprudence, J. W. Wiley; *Materia Medica*, W. H. Carter.

After the installation of officers elected, a committee, consisting of five men, was appointed on Medical Legislation, also a Committee on Finance. The Society passed resolutions expressing thanks to the professors of Iowa College, and Prof. Parker in particular, for the interesting way in which the members were entertained when visiting the museum, library and other departments in the college; also a vote of thanks to the hotels entertaining delegates, and a vote of thanks to Dr. E. H. Harris and his estimable lady for the entertainment at his house; also a vote of thanks to the press. Adjourned, to meet next year at Des Moines.

MISCELLANEOUS PARAGRAPHS.

Anglo-Swiss Milk Food.

We call the attention of physicians and mothers to the advertisement of the Anglo-Swiss Milk Food for infants, prepared by the Anglo-Swiss Condensed Milk Company in Cham, Switzerland, and sold in this country by Messrs. Thurber & Co. The proper feeding of infants is a subject that has always taxed the skill and knowledge of professional men, and experience has at last shown that condensed milk is more extensively used at present, with happy results, than any other substitute for mothers' milk. Care must, however, be taken in using our

densed milk, as there is danger of children suffering from food too rich and nutritive for proper digestion as well as from receiving too little nourishment. The Anglo-Swiss Milk Food is intended to take the place of condensed milk, whenever the use of it has been partially or fully discontinued, say from the age of four months. The superiority claimed for this food over any other farinaceous food is that the former is so prepared that when gradually heated with water, according to the directions for use, the starch contained in the material used, and which in its individual character is highly detrimental to digestion, is converted in a satisfactory degree into soluble and easily digestible dextrine and sugar. The Company do not claim that the starch in this food is wholly converted, but that the comparatively small portion remaining has been so deprived of its individual type as to render it impossible to form a paste from the Food by heating it with water. The analysis of the Anglo-Swiss Milk Food contains 5 to 6 per cent. of moisture, 14 to 15 of nitrogenous matter, 54 to 55 of carbo-hydrates soluble in water, 15 to 16 of carbo-hydrates insoluble in water, 5 to 6 of fat, and 2.15 of ash.—From *Andrews' American Queen*, July 30, 1881.

Persistent Spermatorrhœa.

Mr. H., of North Carolina, aged 30, married several years without issue owing to his persistent spermatorrhœa, which incapacitated the full act of copulation and deteriorated the vitality of his semen. Upon presentation I found that his urethra along the whole canal was very irritable, particularly so along the prostatic portion; that the organ was continually weeping spermatic and prostatic fluids, and that he suffered ejection during the slightest irritation, mentally or physically; and that he was melancholy and foreboding, and his skin was cold, clammy and sallow. His general health was very much broken. He had married with the hope of benefiting these unhappy symptoms, but this was a great mistake—one that is made by many laboring under like conditions. Instead of marriage, such parties should seek as a remedy the advice and treatment of the intelligent, scientific physician—one honest and reliable, making these cases a special study. Unfortunately for the community, the adver-

tising quacks have had the majority of these delicate and all-important cases as their greatest source of revenue.

Upon passing the sound, I found the urethra very tender, with a spasmodic stricture located at or near the prostatic gland. The passage of the sound was continued twice a day, to dilate the urethra and to lessen its irritability. During the emission of semen, and just previous to that act, he observed a peculiar sensation or warning similar to the aura of epilepsy. Hence I placed him upon the bromides and atropine at night, and administered the nitro-glycerine pills (Parke, Davis & Co.'s, 1-50th grain each)—one three times a day—and ordered warm baths and careful diet. The effect of this treatment was to arrest his trouble and gradually to restore him to physical and mental health. After this treatment had been continued for several months, I placed him upon tonic treatment, consisting of the fluid extract of damiana, belladonna, nux vomica and tincture of cinchona, with occasional applications of electricity to the spine. This, together with a select diet, added greatly to his vigor and procreative powers. All unnatural discharges have long since ceased, with a fair promise of his being blessed with offspring—his wife being several months advanced in pregnancy.

The number of such cases throughout the land is legion, and ever will be until our communities are taught to value scientific and special treatment.—*J. J. Caldwell, M. D.*

Missouri Board of Pharmacy.

The State Board of Pharmacy met in Jefferson City July 6, for the purpose of examining applicants for druggists' certificates. Dr. Alexander, of St. Louis, and P. N. Franklin, of Marshall, were present. W. F. Ford, of Kansas City, was absent. Of the twenty-nine applicants examined, fifteen passed. The successful were: C. E. Wilson, of Lexington; W. H. Larue, of Holt; L. A. Engle, Hamilton; Jacob Wey, St. Louis; Julius Kifer, St. Louis; Frank Dolan, Miami; T. W. Morton, Filley; B. N. Nash, Waco; F. M. Nash, Meriden; L. C. Stalle, E. C. Jones and A. Conway, Kansas City; W. Miffle, Liberty; C. F. Mitchell, Fichle. The board adjourned to meet at St. Louis the first Monday in October.

Horsford's Acid Phosphate in Nervous Headache.

Dr. J. E. Morris, Horine Station, Mo., says: "I have made a satisfactory test of Horsford's Acid Phosphate in a pronounced case of nervous headache, and am glad to say that the result was more than was expected. I believe the cure is permanent. It is not my custom to endorse any compound that is not officinal, but I believe the Phosphate is a thing of real merit, and that it is valuable in all cases where nerve tonics are indicated."

A New Method of Giving a Bath in Typhoid Fever.—By H. C. WOOD, M. D.

As is well known, the great difficulty in the use of the bath in fevers is the trouble which is involved in moving the patient in and out of the bath-tub. The following simple device will in great part remedy this trouble, and also save the necessity of providing a portable bath-tub. The canvas of an ordinary bed-cot is to be made three or four inches wider than it is ordinarily arranged, and a broad board nailed at each end so as to hold the cot permanently open and project above it several inches in the form of a head- or foot-board. This cot is then arranged alongside of the bed of the patient, so as to be on a level with the bed and at the same time firm. Over it is spread an india-rubber cloth sufficiently large to cover it entirely, and to fall above and below over the head- and foot-board. The patient, wrapped in a sheet, is then slipped on to the cot; of course the canvas sags down, and when water is poured over the sheet the man lies half immersed in a pool. If the attendant is provided with two tubs, one containing water and one empty, and also with a large bathing-sponge, the water in this pool, heated by the body, can be removed by means of the sponge, and fresh cold water soused over the body enveloped in the sheet. In this way, the water lying continually between the sheet and the body, as well as saturating the sheet, so envelopes the person that the effect of a cold bath can be achieved, and I have seen very rapid reduction of obstinate high temperatures. If the bed upon which the patient lies be a very wide one, instead of a cot being used the mattress can be so arranged on one side as to sag down suffi-

ciently to form a hollow for the pool, and in this way the bath be given.

I notice that Stephan, of St. Petersburg, affirms that the application of ice-bags over the super-clavicular regions is sufficient to control the temperature in fever, owing to the fact that the cold is brought into close contact with much of the blood of the body by the large superficial veins of the neck. I have had no experience, however, of this method of reducing temperature, but it is worthy of a trial; especially as it seems to be safer to reduce temperature in low fever by external cold than by our present known depressant anti-pyretic drugs.—*Therapeutic Gazette*.

Kidder's Electro-Medical Apparatus.

These celebrated batteries continue to maintain the superiority gained some years ago. Now that electricity is recognized to be an important therapeutic agent, a physician is not fully equipped to manage a large practice without understanding the use of this potent remedy. In order to make use of electricity successfully, the first essential is a reliable apparatus. Jerome Kidder's batteries meet this requirement fully. Physicians contemplating the purchase of such an instrument should correspond with the manufacturers, 820 Broadway, New York.—*Medical Advocate*.

Morphine Antidote.

It has been discovered, by experiments with dogs placed under the influence of morphia even to coma, that the hypodermic injection of solution of theine is an almost instantaneous antidote, neutralizing the effect of the narcotic and reviving the animal after the action of the heart has become imperceptible. Caffeine possesses similar properties, but is less immediate in its operation.—*Louisville Med. News*.

Snails.

Snails are just now attracting to themselves more of the public attention than they will perhaps appreciate. Mr. Vincent Holt, in his unappetising *brochure*, "Why not eat insects?"

strongly recommends the common garden snail as a diet for the rural poor, gives two recipes for cooking them, and finds it impossible "to attempt to describe their delicate taste." And a country clergyman, not to be beaten, writes to the papers to recommend the same "insect" as "an infallible cure for skin diseases." The evidence on which he founds this rather audacious generalization is that while walking one evening in his garden, suffering from an eczema from which he could get no relief—(Where was his doctor, and why was he allowed to be walking about?)—he tried a snail as a local application, got immediate relief, and was cured in a few days. Some friends who tried it for the same complaint were equally successful, and from that to "infallible for skin diseases" in general is an easy transition. Another gentleman writes to recommend the same application for warts. Evidently we shall have to re-open our Pharmacopœia.—*Med. Times.*

Corrosive Sublimate in Venereal Warts.

A correspondent writes to us that having been advised to apply a solution of one grain to the ounce of corrosive sublimate to a case of venereal warts which came under his care, he found after the application, through a mistake, a solution of ten grains to the ounce was applied. The result was so satisfactory that he determined to still further increase the strength, and on his next case he made the solution of twenty grains to the ounce with excellent results. He has never witnessed the slightest symptoms of mercurial poisoning from this treatment, and does not believe that the application of corrosive sublimate in this strength is liable to be followed by absorption.—*Med. Age.*

For Rheumatism.

I send you the following prescription for the relief of rheumatism. I find I get much better results with the gentian added than I do with the iodide and colchicum alone. Why, I cannot explain. R. Vin. colchicum sem., ℥ss. ; tincture of gentian co., ℥iiss. ; pot. iodide, ʒij. Mix. Sig. Teaspoonful three times a day in a wineglassful of water.—H. K. LINES, M. D., in *N. E. Med. Monthly.*

Lactopeptine.

We have used this article for some time in cases of indigestion, and can recommend it as a valuable remedy. Containing the firm active agents which are concerned in the process of digestion, it cannot fail to aid the system in preparing the food for assimilation. It is an invaluable remedy in the Summer Diarrhoea of children. Owing to its great impairment of the vital forces, and feeble powers of the digestive tract, food frequently irritates and increases the difficulty. For such cases we learn of no agent in the *Materia Medica* as reliable as Lactopeptine.—*Cal. Med. Journal.*

Treatment of Earache.

M. Moure (*Four. de Med. de Bordeaux, Four. de Med. et de Chir.*) uses habitually a combination of atropia with morphia to quiet the pains of earache, giving relief to otalgia and to cases of subacute otitis of the tympanum and of the Eustachian tube, particularly in children. He prefers a solution of morphia to instillations of oil, laudanum and ether, these substances having the effect of producing a traumatic meningitis and sometimes graver lesions. He prescribes: Sulphate of atropia, 2 to 5 centigrammes; chlorydrate of morphia, 5 centigrammes; neutral glycerine, 15 grammes, on cotton wool at the external auditory meatus, and, when necessary, a drop or two by instillation night and morning into the auditory canal. This will relieve external otitis and furunculous otitis.—*Med. Herald.*

Galvano cautery in Ocular Therapeutics.

At the late congress of ophthalmologists held in Copenhagen, M. Nieden considered this subject in detail. He observed that the galvano-cautery was adapted to the diseases affecting the conjunctiva and the cornea, and especially to those in which there was evidence of a mycotic origin, such, for example, as trachoma, conjunctival xerosis, rodent ulcer of the cornea, and scrofulous marginal ulcer. In such cases it effects complete disinfection, as is proved by the clean surface of the base of the ulcer, and the improved tendency to heal which is exhibited immediately after its application, the aqueous humour at the same

time becoming clearer, the iris dilating, and any hypopyon that may be present undergoing absorption. It may, he thinks, in the majority of cases replace the operation of keratotomy, and if perforation of the cornea is required, the incandescent loop can effect the opening of the anterior chamber through the base of the ulcer with ease. The instrument possesses the great advantage that its application is attended with very little pain, that it can be employed without an anæsthetic, without a speculum, and without assistance. Out of eighty-three ulcers that had presented themselves to him one application of the galvanocautery cured eighty-two.—*Clinic of the Month.*

Bromidia.

Dr. Isaac N. Danforth, Professor of Pathology and Diseases of the Kidneys, Woman's Hospital Medical College, President and Prof. Pathology, Spring Faculty, Rush Med. College, Chicago, Ill., says: "I have used Bromidia many times in my practice, and regard it as a remedy of peculiar value when such a combination is indicated."

Alcoholic Paralysis.

Of late years, the paralysis which results from the abuse of alcohol has been accurately-described by numerous observers, and the attempt has been made to discover the lesion of the nervous system which is associated with this form of paralysis. Two cases, which are reported by Dr. Henry Hun, of Albany, in the *American Journal of the Medical Sciences* for April, 1885, are typical examples of this disease, and may contribute to a better understanding of it. Dr. Hun has also collected the recorded cases of alcoholic paralysis, and from their study he holds that we are justified in regarding it as a special form of disease, with the following symptoms: After a number of cerebral and gastric disturbances, due to the alcoholic poisoning, the symptoms of the disease proper commence with neuralgic pains and paræsthesiæ in the legs, which gradually extend to the upper extremity, and which are accompanied at first by hyperæsthesia, later by anæsthesia, and in severe cases by retardation of the conduction of pain. Along with these symptoms appears

a muscular weakness, which steadily increases to an extreme degree of paralysis, and is accompanied by rapid atrophy, and by great sensitiveness of the muscles to pressure and to passive motion. Both the sensory and the motor disturbances are symmetrically distributed, and the paralysis attacks especially the extensor muscles. In addition to these motor and sensory symptoms there is also a decided degree of ataxia. The tendon reflexes are abolished, and vaso-motor symptoms, such as œdema, congestion, etc., are usually present. Symptoms of mental disturbance are always present, in the form of loss of memory, and in transient delirium. The lesion is, in all probability, a degeneration of the peripheral nerve-fibres and of the nerve-cells in the cerebral cortex, together with a chronic congestion or inflammation of the pia mater. This lesion explains well the symptoms, although it is certainly curious that alcohol should not attack the spinal cord, but only the highest and lowest part of the nervous system, if one may so call the cortex of the brain and the terminal branches of the peripheral nerves.

Tongaline.

R. C. McCann, M. D., of Benton, Miss., states: "I have prescribed Tongaline with great success in the treatment of neuralgia, and have never found any remedy equal to it for that trouble. I consider it a valuable addition to the remedies of the *Materia Medica*. It is designed to meet a long felt desideratum, which convinces me that it will shortly come into general use."

Impotency Due to Excessive Use of Tobacco.

Mr. M., aged 30, married, of our city, was referred to me one year ago as a case of impotency. I found him a hale, hearty man, well developed mentally and physically. His muscles were hard and elastic, and he was a great walker. He hardly knew what it was to suffer fatigue. All of his organs were well developed, especially those of the genito-urinary organs. After a thorough inquiry, I found he was excessive in the use of tobacco, chewing and smoking to an alarming extent, and at times was in the habit of using alcoholic spirits too freely, all of which I forbade. I ordered for him a moderate diet and

pills of damiana and nux vomica, also the daily application of the Faradic stimulus to the cord and genito urinary appendages. He was to abstain from all genital exercises. He continued under treatment for several months with most excellent results.

Tobacco and whiskey in excess are, in my opinion, a frequent and potent inhibitor of the sexual act.—*J. J. Caldwell, M. D.*

The Use of Ginseng in China.—By J. U. LLOYD.

The following letter from Mr. Kwong Ki Chin, a highly educated gentleman, and former professor of the Chinese language in Yale College, is of special interest on account of its reliability. It was written to us in 1881, in reply to our inquiries on the subject:

“The Chinese physicians make frequent use of ginseng root, particularly in Canton Province, but do not regard it as a panacea. The fact and occasions of its use are quite familiar to me from my having studied and practiced medicine for some time in China.

“The Chinese ginseng grows in but few localities, is very scarce, and commands a high price—the best commanding a hundred times its weight in silver, and from that down to half its weight, according to the locality where it is grown. The native article has different and more tonic properties than the imported. We think it strengthens the breath and sometimes saves life. The emperor and his friends consume nearly all the high-priced native product.

“Doubtless the medicinal value of the plant is exaggerated, and the popular belief in its virtues heightened by the example of the imperial family and wealthy persons in using it.

“That imported from America is considered to have cooling properties, and to be especially useful in yellow fever and inflammation of the bladder. It is also given for tenderness and enlargement of the liver and whenever the urine is high colored. It is also considered to promote the discharge of urine. Sometimes persons who have taken liquor to excess eat a little of it, with benefit, to relieve the tipsy feeling. We regard it as opposite in properties to ginger root and cinnamon. It is not used for incense.”—*Druggist Circular.*

Nitro-Glycerine in Angina Pectoris.

Editor Medical World:

On page 109 of the *Medical World*, Dr. Charles Bruil asks if anyone has had experience in treating angina pectoris with nitro-glycerine. Yes, I have treated since 1880 seven cases successfully; not with nitro-glycerine alone, however.

The following is my treatment as a rule during the paroxysm:

R. Glycerini, ʒij.; Chloroformi, gtt. xl.; Morphia sulph., grs. ij. M. Sig. A teaspoonful every five minutes until three or four teaspoonfuls have been given; after which give as often as good judgment may dictate.

At the same time pour chloroform on a piece of cotton fabric, folded several times, and place it over the heart.

After the first attack has subsided, commence giving the nitro-glycerine. You will find the drug made into pills of $\frac{1}{30}$, $\frac{1}{15}$, $\frac{1}{10}$ and $\frac{1}{6}$ of a grain each.

I use generally the pill containing $\frac{1}{30}$ of a grain, and give one pill three times a day, morning, noon and night. Thus far I have lost no patients with this course of treatment, and have just got through with a very severe case. I have never seen a worse case.

In 1879, before nitro-glycerine had ever, to my knowledge, been used for this purpose, I lost a patient with this terrific disease.

F. A. JOHNSTON, M. D.,

PORTLAND, OREGON, 155 S. First St.

Cocaine in Venereal and Syphilitic Disorders.

The experience of Bono with cocaine in affections of the genital system (as published by the *Gazz. delle Cliniche*, i., 1885) can be conveniently epitomized as follows:

1. An injection of a few drops of a two per cent. solution of cocaine removes promptly the pains felt in acute gonorrhœa during micturition and erection. The injection has to remain in the urethra for at least five minutes, and to be repeated four or five times daily.
2. This cocaine injection is unrivalled in rendering caustic injections or the introduction of the catheter painless.
3. The burning pains of blennorrhœa yield invariably to

small cotton tampons saturated with a two per cent. solution of cocaine, or to the application of a five per cent. cocaine ointment.

4. Cocaine facilitates the examination of the urethra and bladder with the bougie and the endoscope.

5. It allows of a painless cauterization in balanoprostatitis.

6. Pointed condylomatae can be painlessly cauterized, excised, or scraped out with its aid.

7. In cauterization and excision of primary syphilitic affections, cocaine evinced very desirable analgesic virtues of a sufficiently long duration.

8. Taken internally during an antisyphilitic treatment, cocaine did not present any appreciable effects.

9. Its local effects are highly beneficent in syphilitic tonsillitis and in stomatitis mercurialis and difficulties of deglutition.

Bono also refers to its analgesic properties in acute painful eczema, pruritis vulvæ, sore nipples and burns.

As Bono's observations were confirmed by Blumenfeld, Fränkel, Pick and Neisser they are entitled to attention and confidence.—*Therapeutic Gazette.*

New Observations with Cocaine.

Rusconi, of Mailand, recommends the injections of cocaine combined with morphine (*Gazz. degli Ospitali*, 1885). The injection causes no unpleasant sensation; analgesia appears much sooner than after the use of morphine alone, and there is no necessity of raising the dose of the latter. He used $\frac{1}{4}$ to $\frac{1}{2}$ grain of cocaine, $\frac{1}{4}$ grain of morphine, and $\frac{1}{2}$ drachm of water, and could in painful conditions procure either absolute relief from pain or tolerable ease for eight or nine hours. Injections of cocaine and atropine, with or without morphine, likewise cause analgesia, though symptoms of atropine intoxication usually appeared. Rusconi also made some interesting general observations with cocaine.

A two per cent. solution painted on the healthy skin renders the latter rapidly pale. After two minutes, sensibility has almost entirely disappeared, so that a needle may be inserted in the skin without being felt at all, and a piece of ice is only ap-

preciated after a minute or so. The aperture made by the needle does not draw any blood. After ten minutes, sensibility reappears, and at the same time the wound begins to bleed. Still more effective is the anæsthesia caused by a three per cent. solution of cocaine. Deeply-seated pains, such as in parametritis, can be assuaged by merely painting the abdominal region corresponding to the uterine locality. We should, however, think that a tampon saturated with a two per cent. solution and inserted into the vagina or the uterus would be more efficient. In fact, such an anæsthesia, produced simply by painting the skin, is of sufficient duration to allow of the painless execution of incisions and minor operations.

A lady suffering from neuralgia of the trigeminous could always obtain relief within a minute by inserting a cotton tampon immersed into a one per cent. solution of cocaine into the ear. In ulcerous or carcinomatous processes of the vagina, tampons, or even brushing with cocaine, brings also prompt relief.—*Therapeutic Gazette.*

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R. Strychnia sulph, gr. j.; acidi hypophos. dil., ʒj. M. Ft. sol. Sig. Dose ten drops three times a day, before meals, in a teaspoonful of fluid extract of coca. It must not be given before going to bed at night as it might produce seminal emissions.—(HAMMOND.)—*Chicago Med. Times.*

Fissured Nipple.


Pulverized gum-arabic is recommended as a simple and safe agent for cracked nipple. Immediately after the child has sucked, the powder should be dusted over the surface, and the nipple protected from the air.

The Treatment of Carbuncle without Incision.

At a recent meeting of the American Medical Association Dr. L. D. Bulkley, of New York, read a paper before the medical section on the treatment of carbuncles without incision. The treatment recommended was one-quarter-grain doses of the sulphide of calcium every two hours, and teaspoonful doses of the following mixture after each meal: *R. Magnesia sulphatis, ʒvj. ; ferri sulphat., ʒij. ; acidi sulph. (dil.), ʒiij. ; syr. zingib., ʒj. ; aquæ ad., ʒiij.*

Locally the following was used, spread thickly on lint: *R. Ext. ergotæ fld., ʒij. ; ung. aquæ rosæ, ʒij. ; zinci oxidi, ʒj.* No poultices are to be allowed.—*Louisville Med. News.*

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ORIGINAL COMMUNICATIONS.

ART. XXXIV.—Anomalies of the Perspiration.—By PROF. E. YOUNKIN, M. D.

It is perfectly natural to perspire. The watery vapor excreted from the skin is, upon an average, from one and a half to two pounds daily. The solid contents are from 0.5 to 2.5 per cent. The sudoriparous glands are exercised in their secreting and eliminating powers according to the state of general health, the amount of labor the body and mind are under, and the degrees of atmospheric heat and moisture. Hence the physiological area of the perspiratory phenomena is quite great. But the sweat glands may deviate from the normal standard either in the amount of perspiration or in the composition of the perspiratory contents. We have, therefore, in dealing with the morbid states of the secreting functions of the skin, to consider both the *quantitative* and the *qualitative* changes which take place in the perspiratory function. When the perspiration is in excess of the normal amount, it is called an ephidrosis; when short of the normal, hypohidrosis; and when completely suppressed, anidrosis.

These terms, however, would seem more appropriately applied when such changes take place, not only outside of the normal standard, but also when not associated with other marked organic diseases. It is a well-known fact that the cutaneous perspiration as a symptom of various diseases cannot be sepa-

rated from the history of those complaints—that profuse sweatings accompany intermittent, remittent, typhoid and typhus fevers; that we see it in pthisis and the so-called critical perspiration of other diseases. That it may be suppressed in some of the above complaints and partially lessened in others, and hence we deal now only with such quantitative and qualitative changes where such excesses or defects stand out as the prominent symptoms, and seem to be the disease *per se*.

The derangements in the constituent elements of the perspiratory fluid dwell in the kind of element and the peculiar relation each element sustains to the other. There may be albumen, sugar, bile pigment, etc., or, by chemical action, the decomposition products, acids or alkalies, color, odor, taste, etc.

Ephidrosis may be general, regional or unilateral. Dupont, as early as 1807, published a case of chronic general ephidrosis which lasted upwards of six years. The patient, a woman, became pregnant during this time and was happily delivered of an infant, which she nursed herself. The ephidrosis, according to the writer, was independent of any other affection, and, after fruitless attempts with various remedies, yielded to the internal administration of aconite.

Hartman cites a case of a woman who, during pregnancy, perspired only on the right side of the body. Other instances are recorded. Instances of regional, excessive, and habitual cutaneous exhalations are to be seen more frequently. Sweating of the palms of the hands (*ephidrosis vola manus*) is one of the most common affections. This local hypersecretion becomes particularly noticeable in warm weather, when the abnormal secretion is augmented. The palm of the hand feels clammy and sticky. It occurs almost exclusively in anæmic, chlorotic and dyspeptic individuals, and in persons whose sympathetic nervous system becomes easily impressed. In women more than in men. It usually affects both hands, but sometimes only one.

The axillæ are frequently affected with ephidrosis, which exhibits itself by a continual moisture, staining of the linen, and frequently penetrating odor. Eczema may result at this part of the body if not kept clean and dry.

The noticeable increased perspiration in the axilla may be ob-

served by the uncovering of the body; the temperature in that region is then raised and supported by the numerous sweat glands.

Excepting the anatomical structure of the axilla, the numerous glands, and the ability to retain the heat of the body, we lack all knowledge as to the cause.

Sweating of the feet (*ephidrosis pedum*) is a much more common annoyance than any other part of the body. The soles of the feet affected with profuse sweating are moist even when uncovered, and after but slight exertion make the impression as if bathed in perspiration. When the *ephidrosis* has reached a high degree and of long duration, irritation may be caused by the decomposed secretion and by the shoes, dust and socks. In some cases the thick skin is macerated and gives place to a very thin epithelium, which becomes red, hot, tender, and painful. In places the skin is worn through and bleeds, or vesicles of serous or sero-purulent fluid escapes.

The perspiration, on account of the volatile organic acids it contains, possesses an odor which is perceptible in various degrees, sometimes quite penetrating and offensive.

It is customary to ascribe this condition of the feet to a neglected care of the skin, and in many cases this is, no doubt, the case, but it is equally certain that there are also persons who are affected with offensive perspirations under all circumstances, and filth or impregnated shoes will not on all occasions suffice for the explanation. Thus I had under observation a patient about whom, under the greatest cleanliness, the exhalations spread, to his great annoyance and to the disgust of others, until he was forced to shun all society.

An offensive *osmidrosis* is not confined to the feet, but may exude from all regions of the body, and in cases where the *osmidrosis* consists in the quality of the perspiration and not in the external decomposition, ablutions, cold, or hot, will be insufficient to correct the trouble. The sweat may acquire an odor resembling that of musk, human urine, cat's urine, whale oil, or the foulest of decomposed animal matter.

The color of cutaneous perspiration may also be modified by changes in the composition.

Instances are recorded of green, black, blue, yellow and red sweatings. (Chromodroses.) Such instances may appear improbable, but they are historical facts, and as the human body is a great laboratory, there is no reason for doubting its power to manufacture even the colors of the rainbow.

The red sweating has been recognized as actual blood, and it was not until about the middle of the present century when the translation of bloody sweat was regarded as an anomaly of secretion, though it had been long recorded that Christ's "sweat was as it were great drops of blood falling down to the ground."

Other instances have been known where blood and fibrin have occurred, and in all cases great physical and mental emotions have preceded the attack.

Anidrosis, or complete loss of the sudoral secretion, is more rare than either ephidrosis or hypohidrosis.

A remarkable case of anidrosis came under the observation of the writer some years ago:

Mrs. M., married; the mother of seven or eight children; fleshy, rather corpulent; weight about 200 pounds; general appearance good; good color; ate and slept well from the age of forty-five to the time of her death, at the age of seventy-five years, she was never known to perspire.

She was, however, quite sensitive and nervous—what some might call hysterical, though no apparent uterine derangement, save that she had passed the climacterii. She kept her bed for thirty years, claiming that she could not walk. Her bed was made upon rockers. She sat up occasionally to have her bed made, and once in a while she could be seen walking across the floor, when she was left alone and when she felt assured that none were looking through the key-hole. She read a great deal; was bright and intelligent. She was fond of the visits of her friends, and could converse fluently and with much interest. Sometimes in conversation she would suddenly cut the subject short, and then everyone had to leave her room. Occasionally she became a little harsh and surly, but usually she was quite pleasant and exceedingly polite. The anidrosis first appeared at about the age of forty-five. She continued in this condition until the age of seventy-five years, when she died. Of the manner

and cause of her death I am not apprised. Some of her children are quite healthy; two have been in the insane asylum, and one or two others have been exceedingly nervous.

Thus I have given a succinct history of the phenomena of the abnormalities of the perspiratory function, without much attempt to an explanation of the causes which enter into these complaints.

From the basis which we have, we are led to conjecture that these disturbances lie mainly in the great sympathetic nervous system, and in the vaso-motors of the capillaries.

A sudden suppression of ephidrosis may lead to bad effects—to rheumatism, colicky pains, toothache, pleurisy, headache, etc.

The perspiratory elements allowed to decompose and remain in contact with the skin will lead to a condition of poisoning of the blood, and the disturbance of the functions of other organs.

A rational course is to adapt the treatment to each individual case, and hence the first thing for the physician will be to ascertain the nature of the perspiration. In pronounced morbid conditions the way may be opened to our view and the course of treatment at once suggested, but in masked conditions the remedies may not be successful, as the cause is not so easy of comprehension.

As an antisudorific the atropia sulphate in $\frac{1}{100}$ gr. may be employed with benefit. Equally reliable also is aconite, or in some cases the sulphurous acid, or the aromatic sulphuric acid. In anæmia, chlorosis, scrofulosis, cachexia, etc., arsenic, strychnine, quinine and iron may be indicated. In local ephidroses we may resort to the above internal remedies, and locally to electricity, lotions and baths of vinegar, tannin, or solutions of salicylic acid, or boracic acid, and to the various dusting powders, as bismuth, lycopodium and oleate of zinc. Persons inclined to perspire excessively should not wear dark, heavy clothing. Oil silk protectors for the arm-pits should not be used. Linen should be worn next to the skin. For sweating of the feet the shoes and stockings should be light and frequently changed. Frequent foot baths in alcoholic lotions should be used. The following is appropriate: *R.* Tannic acid, \mathfrak{z} ij; hydrarg. bichlor., grs. ij; sodium ammoniat., \mathfrak{z} j; alcohol, Oj; aqua, Oij. *Mix.* The feet to be bathed several times a day. Feet that are tender

upon the soles may be relieved by foot baths of oak bark or tannin, and dustings with some dusting powder, and the feet dressed in thin cotton stockings and light, loose shoes. To correct the peculiar and offensive odors, cleanliness and cold baths stand first in importance. An antiseptic, or rather a deodorizer, should be used. There is nothing in my judgment superior to a dusting with pulverized boracic acid. A lotion of permanganate of potash is good, as is also the prescription of alcohol and hydrarg. bichlor. as given above. Carbolic acid and iodoform have been recommended, but their odors are objectionable. Many persons are accustomed to using perfumery. The sweet flowers are loved for their fragrance and beauty, but their odors are to be admired and enjoyed more upon their own foot-stalks than sprinkled over the human body. This practice of perfuming always appeared to me suspicious. Rancid perspiration should always be washed off rather than smothered with fragrance.

A person smells the sweetest when he absolutely smells of nothing. Flowers have their charms, but their fragrance does not appear well on the half-shell. Mint, anise and cumin are very good spices, but I refuse to eat meat over which they are powdered to hide the putrescency.

The lungs may be burdened with a bad breath when the effete material cannot be eliminated through the skin. An offensively bad breath has been cured by sweetening the exhalations of the feet, axillæ and genitalia.

As a rule fœtid perspiratory matter allowed to remain in contact with the skin will produce fœtid breath. If you would sweeten the breath, then sweeten the skin.

It is not vulgar to perspire, but it is obnoxious to be in bad odor.

Ringworm.

R. Thymol, ʒj. to ij.; chloroform, ʒj.; olive oil, ʒiij. M. The thymol destroys the fungus, the oil prevents irritation and rapid evaporation, while the chloroform facilitates the absorption of the active ingredients by acting on the sebaceous glands.
—*Med. World.*

ABSTRACTS.

Electricity in Obstetrics.—By W. T. BAIRD, M. D., in *American Journal of Obstetrics*.

My conclusions, based upon an observation of about 220 cases, may be briefly stated as follows:

1. That it increases the force and frequency of uterine contractions in a remarkable degree. This effect, though denied by Prof. J. Y. Simpson, Scanzoni, and Dr. Playfair, is happily sustained, both by scientific research and the observations of such an array of authors with distinguished names, that it may be suspected that the observations of those who have denied it may be open to some source of error. If electricity possesses an oxytocic property, it is in its power to produce or accelerate muscular contractions of the uterus, and if it can be shown that it is a force which can be exerted upon this tissue, and produce this effect, and that its action is more *certain, speedy, safe, simple and permanent* than any other remedy or measure in use for this purpose, then we may truly say that it stands unrivalled as an oxytocic.

In my opinion, when the current is *properly applied*, it is just as certain to produce contraction of muscular fibre as it is to follow the course of, or be conducted by, a copper wire when it forms a part of the circuit.

2. That this increased force is entirely under the control of the operator. In no one case out of the whole number in which I have used it have I had the least difficulty in regulating the force of the contractions with the current.

3. That dilatation of the os is greatly facilitated, thereby shortening the labor in every stage.

This effect I have constantly observed in all the cases which I have treated with the current, and it is easy to see that it follows as a consequence, that, if the current will increase the force of the contractions of the longitudinal and oblique fibres of the uterus, the os will be more rapidly dilated; or, as Dr. Tipiakoff elegantly expresses it, "since the strength of the uterine contractions bears on the rapidity of the dilatation of the os, faradization is indicated wherever a more rapid dilatation of the os is desirable."

4. That it adds a degree of *vital force to every muscular fibre engaged*, independent of the nervous centres, thereby imparting a *sensible* degree of increased strength to the patient, and exhibiting its refreshing and restorative effects, preventing fatigue, shock, exhaustion, post-partum hemorrhage, and muscular soreness.

This conclusion I base strictly on my observation at the bedside of *all* the cases in which I have employed it for its oxytocic effect, and, as it has not been particularly spoken of by the authors whom I have consulted, and whereas I regard it as one of the most important of all the benefits to be derived from the exhibition of this agent in the lying-in room, I hope I will be pardoned if I dwell more at length on it, and for asking special attention to some well-established facts in electro-physiology to sustain me in this conclusion, at which I have arrived after an experience in *not* a small number of cases, and due and mature consideration. When I first commenced the use of electricity as an oxytocic, it was in cases of extreme debility from long protracted previous illness, in cases of exhaustion from ante partum hemorrhage, or in cases of extreme fatigue as a result of tedious labor, and I was at the very outset struck with astonishment at the wonderful results obtained. In a few minutes after closing the circuit in these cases, the feeble uterine contractions would begin to be supplanted by those exhibiting a greater degree of strength, the weak and frequent pulse would be quickly exchanged for one which was slower, fuller, and firmer, jactitation and restlessness gave place to a condition of refreshing rest, and, as labor progressed, the strength, instead of diminishing, apparently increased, and, at its conclusion, the patient, so far from being in a state of collapse, shock, or extreme exhaustion, indicating an expenditure of all her latent nerve forces, with a weak and flickering pulse, hurried respiration, and a general feeling of great prostration, there would be no apparent collapse, shock, or exhaustion. The pulse would be strong, full, and scarcely more frequent than before the onset of labor, respiration natural, and a sense of increased strength in every tissue of the body. In the first few cases in which I observed these exhilarating effects, I regarded them as accidental, and due, perhaps, to some idio-

syncrasy in my patients. Further observation soon proved, however, that they were *not* the result of accident or idiosyncrasy, but that they were *constant*, and in some degree accompanied *every* case in which the great agent was employed. At first I expected that I would soon see them followed by a state of extreme depression, as would likely have been the case after the exhibition of an ordinary stimulant, and I expected that when the depressed condition *did* come that the vital actions of the system would fall as far below the normal standard as they had been raised above it. This expectation only showed my extreme ignorance of the vital properties of the power and of the physiological effects of the force which I was dealing out to my patients. I watched carefully in all cases for depression, but it did not appear in one. To simply say I was astounded by these unexpected results does not express the depths of my surprise. I was at a complete loss to account for them, and in my perplexity resorted to all the authorities whom I could procure for a satisfactory explanation. Most of the systematic writers on medical electricity, although recommending its use in cases of labor accompanied with extreme exhaustion, uterine inertia, and kindred ailments, not one of them referred to these highly interesting and peculiarly refreshing and restorative effects. I then did what I should have done when first I found myself at a loss to account for the remarkable results of my own experience, I took up the task of reviewing *electro-physiology*, and then found (as we often do when we go back to first principles) a full explanation of all the wonderful effects which I had witnessed, but it did seem to me as though expressed by the authors in such a manner as to show that even *they* did not fully realize the vast importance of the truths which they were recording. Instead of boldly ascending the mountain, they seemed to be hesitatingly treading around its base. Although truthfully giving us the results of laborious and carefully conducted experiments, they failed to point out to us where and in what manner they could be made available in practice to-relieve extreme debility, and prevent exhaustion.

As set forth in the statement of this conclusion, I now claim that the faradic current will not only promote contractions of the uterus and abdominal muscles, but that it *adds* a degree of *force*

to them, which not only enables them more readily to overcome the resistance offered to the passage of the fetus through the pelvic outlet, but leaves them *refreshed, rested, and strengthened, free from exhaustion or soreness*. This claim I shall attempt to establish by referring to its effects on muscles in other regions of the body where this additional force can be accurately estimated, and shall also claim that, while we elicit vital action in the muscles by the administration of electricity, we at the same time *conserve vital force in the nerve centres*. Beard and Rockwell say, in speaking of *immediate strengthening or restorative effect of electrization on voluntary muscles*, that "one very interesting effect of electrization of voluntary muscles is to increase their power of doing work." This effect, which was called by Heidenhain and Bruack *restorative*, can be demonstrated in various ways. "The capacity of walking, in cases of paralysis of the lower limbs, is sometimes increased at once after electrization; the patient steps across the floor more easily, firmly, and rapidly, or can walk farther; or he can raise the leg higher, and with less difficulty." Now, this accords exactly with my experience with it as an oxytocic, that it increases the power of the uterus and abdominal muscles to perform a greater amount of work in a given time, and that this increase of action is followed by a less amount of fatigue and muscular soreness; or that the effect of the current is refreshing and restorative. Althaus ("Med. Elec."), while referring to the experiments of Heidenhain on the muscles of the frog, says: "These refreshing effects of the continuous current are of the greatest practical importance, and are shown in the most striking manner in cases of disease, where the actions of the muscles are enfeebled or entirely lost."

Dr. Poore has found similarly refreshing effects caused by the application of the continuous current to the motor nerves of healthy men. "One man could thus hold out his arm for thirteen and one-half minutes with galvanism, and only with the greatest exertion six minutes without." "One said that, when the arm was used for such an experiment without galvanism, it ached all day afterwards, but with galvanism it did not give any trouble. The endurance of voluntary muscular action is, therefore, considerably increased by the continuous current."

The dynamometer is a good means of illustrating the increase of muscular force which can be immediately furnished to muscular tissue by the employment of electricity. Dr. Poore found that "eight successive squeezes of the dynamometer with electrization gave 477 lbs., and without electrization 388 lbs., a difference of 89 lbs. In another experiment made, when the hand was not tired by previous experimenting, the difference was even more marked, being a gain of 152 lbs. in six squeezes of the dynamometer." Speaking of these effects, Dr. Poore says that "there is no more important effect of the constant current than what may be called its *refreshing effect*. . . *This fact has long remained without any practical application of it.* (Italics mine.) Certain observations of the authors, therapeutic as well as physiological, lead me to hope that the refreshing effects of the current will be found to be one of its most useful properties." How aptly these words apply to our subject, and to me they bear the indelible impression of truth. That "this fact has so long remained without any practical application of it," is, in my opinion, because it has not been more generally understood. As illustrating these effects in my own practice, here let me remark that it is my earnest conviction that the patient herself is the most capable of judging whether measures instituted for her relief are effective or not. In almost every case in which I have used it, the patient has cheerfully and gratefully, and in most cases voluntarily, expressed a sense of an increase of strength and relief from pain. This acknowledgment she often freely makes by using such expressions as these: "For God's sake, doctor, do not allow me to have a pain without putting your hand (or sponge) upon me." "Doctor, the pain is coming; put your hand (or sponge) there quick." "Oh! that helps me so much!" "I can bear down so much easier when your hand (or sponge) is on me." So I could fill pages with these expressions, and all going to show that the patient herself recognizes and acknowledges the presence of a *force* which is *not* a part of her own being—a power which is furnished her from *without*, at the very instant it is required to prevent an undue expenditure of her own vital forces, and to refresh and restore all of her muscles, which are subjected to an intense degree of contraction.

Now, if we can make these refreshing and restorative effects of the current available in cases of labor, where there is such a vast outlay of nervous force, attended with such exhausting muscular contractions, have we not found an oxytocic which stands unrivalled? Will not the beneficial effects which can be obtained by its use in this class of cases justify the "hope" expressed by Dr. Poore, when he said "that the refreshing effects of the current would be found to be one of its most useful properties?" It will be observed that the earlier investigations refer particularly to the employment of "*constant current*" to restore and refresh exhausted muscles; but the results obtained by Apostoli, Kilner, Dr. Tipiakoff, and Dr. A. Murray plainly show that the same effects follow the employment of the faradic current. It must be admitted that, in order to determine the restorative effect of the current on muscular fibre, electro-physiologists have confined their experiments to its action on *voluntary muscles*; but I claim that it follows as a logical sequence that it will refresh and restore *any* muscle, voluntary or involuntary, which it will cause to contract. The explanation which I offer to account for this phenomenon is that the *electrical force*, which acts on the muscular fibre and causes it to contract, is, if not identical with the nervous force, so very nearly allied thereto that, to a certain extent, it takes the place of and acts in conjunction with this force, and that, therefore, when the work of the muscle is complete, there is a greater degree of nervous force remaining in the nervous centres than if the electrical current had not been employed as an auxiliary; in short, *nervous force has been conserved*. To show that this is a reasonable deduction, let me call attention to Beard and Rockwell ("Med. and Surg. Elec.," p. 146), where they say that "the combination of the force of the will with electricity is very much more efficacious than either when used alone. When a muscle becomes so diseased (or exhausted ?) that the will is powerless to contract it, the electricity may contract it with ease. Where electricity alone causes feeble or imperfect contraction, electricity co-operating with the will may make the contraction vigorous and complete. In order to make experiments of this kind fully successful, it is necessary that the will and the force should be concentrated *simultaneously*

with the closing of the circuit,* and yet experience shows that the effect of electrization, if not too long continued, is to give tone to the muscle, so that it responds more readily to the will for several minutes, or even hours, after being subjected to the electrization."

As a consequence of this conservation of nervous force, the woman who has enjoyed the beneficent effects of electricity as an oxytocic, and has been aided by it in her muscular throes, suffers *not* from fatigue, shock, or exhaustion, but presents herself as the happy possessor of a sufficient stock of nervous force to carry her safely through her convalescence.

I hope I may be pardoned for not attempting to substantiate my conclusions by offering records of cases in my practice; for, after all, the conclusions drawn from them would simply be another reflection of my *opinion*. I have deemed it best to try and show that these conclusions are based upon scientific principles, and to try and point out where we can render these well-known principles available in practice, remembering that these facts have "long been known without any practical application ever having been made of them." For me to say that *any* remedy or measure has exhibited an oxytocic action, that abbreviated the course of labor, would be a gratuitous offering on my part, as the statement could not be based upon exact or reliable data. What I *have* offered can be put fully to the test of experience by any one who is familiar with the operations of a faradic apparatus, and then, if he can see, as I have seen in hundreds of cases, a rapid and decided manifestation of its beneficial effects, he will pardon me for not encumbering this paper with a dry detail of cases. In order to measurably sustain my conclusions, I beg to lay before the reader extracts from private letters from medical friends who have recently adopted this great agent into their obstetric practice, and I may here state that they are medical gentlemen who are distinguished in this State for their good judgment, and for the accuracy of their observations.

Dr. R. G. Williams, Whitney, writes, referring to the cases

*This can always be effected at the time of the rhythmical uterine contraction.

in which he has used it: "If I am to judge of its effects upon others as it was demonstrated to me upon these cases, then I cannot say sufficient in its praise. Were it wholly useless in all other cases, its use in the lying-in chamber would fully justify any physician in the outlay of all moneys expended in obtaining a first-class faradic battery. It certainly acts as an oxytocic, for it undoubtedly hastens labor.' It relieves the suffering woman of all false pains, and evidently gives tone and strength to the abdominal muscles, and at the same time causes equable and firm contractions of the muscular fibres of the uterus. The happy effects of electricity in these cases is evidently not wholly confined to its action upon the uterus and the surrounding tissues, but certainly through the spinal cord its sedative effects are transmitted to the brain."

Dr. T. L. Wilson, Seymour, writes: "Electricity in obstetrics, in my judgment, is the very best, as well as the simplest means we have of stimulating uterine contractions, in antony, and especially in post-partum hemorrhage. For the latter, I want nothing else but electricity."

I have already referred to uterine manual pressure, the forceps, and ergot as means which are in general use to facilitate delivery, and have spoken of the conjoined use of uterine manual pressure and electricity; and here I wish to say that in all cases of instrumental delivery, it can also be used as an auxiliary. Furthermore, I consider I am justified in believing that, were electricity in general use as an oxytocic, through its action as a prophylactic against exhaustion, cases wherein instrumental delivery is *instituted for that cause* would be almost entirely obliterated from the records of practice.

No physician of the present day would jeopardize the welfare of his patient by applying the forceps and dragging the fœtus out of an uncontracted uterus, but in all such cases he would endeavor to first preserve as vigorous contraction of it as possible; and for this purpose why not use the faradic current when we see that it is the most certain, speedy, and safe agent which we can employ? Of ergot I simply wish to present a tabulated comparison with electricity, so that it may appear at a glance what I consider the true value of each.

ERGOT.

1.

Action slow—no response until after twenty or thirty minutes have elapsed, thus *losing time*, thereby occasionally proving fatal to the patient.

2.

Action uncertain, in some instances it will entirely fail to produce uterine contractions.

3.

Action uncontrollable; it will sometimes "lash the uterus into a fury," which may produce laceration of the cervix or perineum.

4.

Action always followed by shock, and sometimes by great exhaustion.

5.

Action attended with danger, and *always* with an increase of suffering.

6.

Action continues, allowing no time for rest, thus violating one of the wisest provisions of nature.

7.

It cannot be safely employed until dilatation of the os is well advanced; therefore its use is restricted to the latter part of the second, and to the third stages of labor.

ELECTRICITY.

1.

Action instantaneous, thus *economizing time*, and so in some cases proving of great value to the patient.

2.

Action certain; it need never fail to produce uterine contractions.

3.

Action under perfect control of the operator; therefore it may never endanger the integrity of the cervix or perineum.

4.

Action never followed by either shock or exhaustion.

5.

Action harmless, and *always* attended with a diminution of suffering.

6.

Action rhythmical, "giving ample time for rest," thus simulating nature.

7.

It may be employed as soon as the first labor pains set in, and thus facilitate the labor in all of its stages.

Methods of Application.—It will be observed from the preceding pages that those who have employed electricity as an oxytocic have applied it by various methods, and with few exceptions each observer has claimed beneficial results. Now, without reflection, this might seem confusing and contradictory, and it might be claimed that a remedy which admits of such a variety of methods of application might in some way mislead the

judgment of the operator, and therefore his conclusions would be of no practical value. But when we come to consider the various structures to which the current may be applied, and *produce contraction of muscular fibre*, it will at once appear that each method employed would be effective, as there has been no method spoken of which would not include some one or more of these structures within the circuit. It will be remembered that in order to stimulate muscular fibre to contraction by means of electricity, it becomes necessary that the current should affect either the muscle itself, the nerve which supplies it, or the plexus from which the nerve emanates; and, therefore, it may be inferred that any method which may be adopted, which will include either the uterus or the uterus and the spinal cord in the circuit, will contain some elements of merit. I do not by any means regard all of these methods as possessing equal value, and a comparison of the merits and demerits, as I understand them, of some of the methods most generally used, may not be out of place here.

Dr. Radford proposed the application of one pole of the faradic current to the abdominal parietes over the fundus uteri, and the other to be directed to the os and cervix. Mr. Cleveland advised both poles to be applied externally to the abdominal parietes; while Dr. F. W. McKenzie claims that the positive pole should be applied to the nape of the neck, and the negative to the os, "for acting energetically on the contractile fibre-cells of the uterus." Tripier faradizes the lumbar region. Dr. A. Murray applies one pole to the sacrum, and the other to the abdominal parietes. Now there is no one of the above-described methods which would not include the uterus, its nerves or nerve plexus within the circuit, therefore either method would promote uterine contractions. Dr. Radford's method (and it has been adopted and recommended by most writers on the subject) includes the muscular fibres of the uterus in the direction of their long axis, and therefore it must of necessity be very effective, but it is open to one very serious objection, that of bringing one or the other pole in too close proximity to the head of the fœtus; and this objection would hold good either in case of a vertex or a breech presentation. In a former part of this paper, I referred

to the warning given by some writers on this subject, where they say that "there is great danger of producing the death of the child, etc." I promised to show that by proper application this danger could be easily avoided, and it is this very application of Dr. Radford's against which I would wish to enter a protest, as being in a high degree dangerous to the child. In a case of vertex presentation, the pole applied to the os and cervix would bring a current of great density almost in direct contact with the head of the fœtus; and in case of breech presentation, the pole which is applied to the fundus uteri would also be in close proximity to its head; and this, too, in either case, while the head of the fœtus is bathed in fluids containing salts which render the current highly penetrating. When it is taken for granted that any physician who possesses a sufficient amount of intelligence to handle a faradic apparatus, knows full well what highly painful and injurious effects will follow the application of even a mild faradic current to the head, I think I will be justified in recording the following rule, which I adopted when I first commenced using electricity as an oxytocic, and that is: *Never to make the application in such a manner as to include the head of the fœtus in the circuit* in any case where its welfare is to be considered. By strictly adhering to this rule, I have never seen any ill effects produced on the child, nor had the least apprehension of it.

Mr. Cleveland's method would undoubtedly promote vigorous contractions, if the poles were so placed as to include the muscular fibres of the uterus in the direction of their long axis, and it would have this advantage over Dr. Radford's method, that the application could be made in such a manner as not to include the head of the fœtus in the circuit. Dr. McKenzie's method is doubtless very effective, since it more directly affects the motive centre for uterine movements in the medulla, but in a case of vertex presentation, it would be subject to the same objection as Dr. Radford's method. Dr. Tripier faradizes the lumbar region, and therefore brings under the influence of the current the lower portion of the cord and the hypogastric plexus. Besides being efficient, it certainly has the merit of being entirely safe. Dr. A. Murray's application (one pole to the sacrum, and the

other to the abdominal parietes) includes the lower portion of the cord, the hypogastric plexus, and the muscular fibres of the uterus; not, however, in the direction of their long axis. It is a very safe and effective manner, as I can testify from its use in all the cases (now over 220) which I have subjected to this treatment. In making the application in this manner, the current is passed through the body and limbs of the foetus, and by the time that the current has reached the foetus, it is so diffused as to render it impossible to affect it deleteriously in any way. If I should ever encounter a case in which this method should "fail to produce uterine contractions when most needed," I should then adopt Dr. Cleveland's plan, or if it were a case of breech presentation, Dr. L. W. McKenzie's method I would consider the best.

I have no ambition to acquire distinction through the medium of tediousness, but it would afford me great pleasure to be so explicit in this paper that any physician who would like to investigate this subject at the bedside of the parturient would here find every question anticipated and fully answered which would arise in his mind in reference to the minutest details of the application, so that at least he would have *some* light for his footsteps on a dark pathway. But I hope I will not be understood as offering my plans or methods of using electricity as an oxytocic as being the *best* which can be devised or is in use; I only offer them for the consideration of those who are interested, and because they have met and fulfilled every indication in my limited experience, and with the hope that those who are using methods superior to mine will be induced to give them to the profession. Therefore, I hope I may be allowed to commence at the beginning and briefly recapitulate.

Apparatus.—Any good, reliable induction apparatus will answer, but it *must* be reliable and in perfect order, otherwise it will most likely fail at the very moment its services are most required. I use one which was manufactured by Dr. Jerome Kidder for Dr. Heed and myself sixteen years ago, and it is still reliable, although having been in constant use during all that time. This is the one he calls "The Physician's Visiting Machine"; but when it is not convenient to carry one so bulky, I use a "Pocket

Induction Apparatus," also manufactured by J. Kidder. This is very convenient, and gives all the current which could be required in any case. The only objection to it is that, if its use is required for longer than one hour, it will be necessary to re-charge it.

Electrodes.—I use one small copper plate, one and one-fourth inches wide and five inches long, one large surface sponge-electrode, and also one wrist electrode.

Application.—As soon as I deem it necessary to make the application, I do so in the following manner: The patient is placed in a dorsal position. I then attach one cord to the copper plate, and covering it well with a napkin wet with *warm water*, apply it to the sacro-lumbar region. The other cord I attach to the wrist electrode. I now set the machine in action and attach both the cords to it,* the one connected with the plate to the positive pole. Then slide it under the bed or couch, where it and the cords will remain out of the way of the necessary attendants. The wrist electrode I now attach to one of my wrists (first covering the wrist with a napkin wet with warm water), then close the circuit by applying the hand (well moistened with warm water) of that wrist to the abdominal parietes.† By this means I am able to determine the exact condition of the uterus, and to note correctly all the changes which may occur in its contour, and I can also estimate the amount of increase which occurs in its contractions, and I am also enabled to perform uterine manual pressure, and if it is necessary to use both hands for this purpose; it can readily be done, and each hand then conveys the current to and from the uterine walls. When the application is made in this way, it enables the operator to estimate correctly the strength of the current which he is applying, and the hands being much more sensitive to the current than the abdominal walls, as long as he continues the operation through his hand, there will not be the slightest danger of his producing any un-

* The wrist electrode may be dispensed with by taking any common electrode in one hand, and applying the other hand to the abdomen of the patient, allowing the current to pass through both arms of the operator.

† Using 1st and 2d coil (B D current) of the apparatus.

pleasant effects upon his patient, but on the contrary, a current as strong as can be borne ordinarily by the operator's hand will have a pleasant and soothing effect upon her. If an operator were timid, or could not bear a current of sufficient strength through his hand to be effective, he could then use a large surface sponge electrode in place of his hand, but if he does this, he should first test the strength of the current with his hand before applying it, in order to be very certain that it was not too strong at the commencement, as otherwise he might induce painful spasmodic contractions of the abdominal muscles, which would be most likely to cause a hasty suspension of the experiment. It is always best to begin with very mild currents, and gradually to increase them to the desired strength. I always make the application with the hand *continuous* until a sufficient amount of sedation is produced (from five to thirty minutes), then I open the circuit by removing my hand, during the interval between the pains, and close it again when the pain recurs. In short, after all reflex pain has been subdued, and the patient rests well in the intervals, I then *only keep the circuit closed during the time occupied by the rhythmical contractions of the uterus*. By this intermittent application, we are effectually guarded against the danger of destroying the electro-muscular contractility of the muscles which we wish to stimulate and strengthen, and in my opinion it was owing to a neglect of this precaution which led to the results spoken of by Dr. Kilner when he said: "The current sometimes failed to produce contractions when most needed. After its use for an hour or one and a half hours, its sedative effects were manifest, but it no longer increased the uterine contractions." Now, it is evident to me that, if he had used it for an hour or an hour and a half continuously, he had produced a condition of paralysis or destroyed the electro-muscular contractility of the muscular fibres of the uterus, and, therefore, the current was powerless to longer increase the uterine contractions.

Beard and Rockwell say: "Experience shows that the effect of electrization, *if not too long continued*, is to give tone to the muscles." (*Italics mine.*)

I have used it in this manner, in tedious labor, for twenty-four hours; and during all this time it furnished to the nerves and

muscles all the elements of increased *strength and rest*, as was fully evinced by the ability of the patient to withstand her pains, and by her earnest desire, often reiterated, "not to allow her to have a pain without closing the circuit." Whenever it becomes necessary for me to support the perineum (and often sooner, if I need rest), I instruct a nurse or friend how to make the applications, to open and close the circuit, being careful to direct her that with each recurring pain to change the location of the electrode, so that *all* the muscles engaged may be brought *directly* under the influence of the current. As soon as I wish to facilitate the labor (at the beginning of the second stage), I use a current of as much force as the patient can bear with comfort, and in practice it will be found that the stronger the current used in this stage (short of producing spasmodic contractions of the abdominal muscles) the better it will suit the feelings of the patient. After the perineum is well dilated, I moderate the force of the current, and in cases where I have any reason to apprehend danger to the integrity of this structure, I withhold it entirely for a few minutes prior to the escape of the fetal head from the vulva, so as not to hasten unduly the labor at this stage, and to give ample time for its full, free and safe dilatation. As soon, however, as the head escapes, I direct the circuit to be closed *most* of the time until after the completion of the third stage of the labor, which in nearly all cases occurs with but little or no assistance in a very few minutes. In all of my cases in which I have used it, the placenta has been expelled in from one to ten minutes from the birth of the child, with very slight or no traction upon the cord. This I regard as more simple, far less painful, and fully as speedy and efficient as Prof. Credé's method.

Special Indications for the Employment of Electricity as an Oxytocic.—Electricity may be deemed indicated in any case where it may be desirable:

1. To modify the pains of labor.
2. To favor a more rapid dilatation of the os.
3. To promote more vigorous uterine contractions.
4. To add tone and strength to all the muscles engaged, and "increase their power of doing work."

5. To abridge the time occupied by the labor.
6. To prevent shock, exhaustion, and post-partum hemorrhage.
7. To insure contraction of the uterus in cases of instrumental delivery.
8. To act as an auxiliary in the induction of premature labor.
9. To arrest hemorrhage, and accelerate labor in cases of placenta previa.
10. To prevent an undue expenditure of nervous force, in all cases of debility from whatever cause, thus leaving the patient in a condition to secure a speedy and favorable convalescence.

In concluding my remarks on this proposition, it only remains for me to say that, as an oxytocic, to promote uterine contractions, and facilitate labor in all of its stages, according to my limited experience with this subtle agent, all that has been quoted from our best writers in its favor *is true*. I recognize the fact that my experience with it for these purposes will probably be considered as liable to many sources of error, however honest I may be in my convictions, or in my desire to portray truthfully the results of my observations; and that when I attempt to *prove* that my agent has exhibited an oxytocic influence, and facilitated labor, and abridged the sufferings of my patient, I am at once placing myself in an embarrassing position, because I am compelled to ask my reader to accept my unsupported (by exact data) statements for *facts*. When I say that upon my approach to the bedside of my patient, I found the os dilated barely sufficiently to admit the point of my index finger, that I then made an application of the faradic current, and that it promoted contractions of the longitudinal and oblique muscular fibres of the uterus, thereby rapidly dilating the os; that in one hour the second stage of labor was ushered in; that in thirty minutes more the third stage was completed (and I *adhere* to the statement that the rapidity of the course of the labor was due to the measures adopted); that I have said nothing which might *not* be said of the unassisted course of a natural labor—this reflection consoles me, namely: that if my reader will attach any importance to my statements, and will faithfully follow in my footsteps, he will cheerfully sustain me in all that I

have claimed. I am fully aware of the fact that any physician who has enjoyed even a moderate amount of obstetric practice can readily refer to cases in which he has observed the same happy results in which no measures were adopted to facilitate the progress of the labor; and I am also aware of the further fact that he can with *equal* readiness refer to a *far greater number of cases* in which he would, at the time in which they were in progress, have cheerfully been willing to have made almost any personal sacrifice for the use of a reliable oxytocic, one which would have rendered him service at any stage of the labor. When his patient suffered from pains not only ineffectual, but rapidly exhausting her nervous forces; when her increasing anxiety and distress acted like a contagion upon the friends of her household; when precious time hung heavily upon his hands, and he was unwillingly compelled to witness sufferings which he had no power to control or abate; when, from his ripened experience, he *knew* that this undesirable condition of affairs would not only continue for an indefinite number of hours, *but was certain to grow worse*; when every recognized measure had been faithfully carried out; when there was nothing left for him to do but to apply "uterine manual pressure," as the safest and best oxytocic, at the risk of impressing her with a deep conviction that her condition was full of peril—what would he then have given if the hand with which such manual pressure was made formed one electrode of a good, reliable induction apparatus, especially if the vitalizing current from it furnished a sedative force to every sentient nerve involved, a stimulating force to every motor nerve and to every muscular fibre engaged? If this new force, this sensible increase of power, gratefully recognized as such by the patient, soothed her pain, refreshed her muscles, restored her strength and waning confidence, would not the physician, from the very depths of a thankful heart, have been ready and willing to exclaim: "Electricity stands unrivalled as an oxytocic?"

Liver Spots.

This annoying trouble, known as *tinea versicolor*, yields readily to sulphur. A good preparation is the hyposulphite of sodium, one drachm to the ounce of water, applied locally.

Eroto-Mania, or Insanity in Relation to Impotency and its Treatment with Damiana, Coca, Bromides, Atropia, Nitro-Glycerine and Electricity.—By JOHN J. CALDWELL, M.D., Neurologist, Baltimore, Md.

Erectile Tissues.—We should first consider a few anatomophysiological facts.

It is often difficult to give a definition which will convey a clear idea of what we desire. Under such circumstances, we resort to more extended descriptions. When the genital organs of the male or female become enlarged, turgid and firm to the touch from excitement, we say they are in a state of erection, and the organ is composed of *erectile tissue*. This is merely the physical description. When we further examine this tissue during erection, it is found to be full of blood. This is merely the physical condition, and conveys no idea of the anatomical structure of the parts, nor the accessory condition necessary to a state of erection.

It was natural to suppose that erectile tissue is confined to the genital apparatus of the male and female, and such seems to be the opinion of Boeckel and Robert; but when the anatomical structures came to be carefully examined, other views had to be adopted. Perhaps no better illustration of the fact insisted upon—viz: that function depends upon structure—can be adduced than by the study of erectile tissue. It will be found that erectility depends upon the peculiarity of tissues and their arrangement—the chief elements concerned being vascular and muscular, which are presided over by nervous tissue, which receives its power from certain portions of spinal nervous system. The vascular tissues are arterial and venous, whose structural arrangement is peculiar, so that blood may flow to the parts, and be impeded in its return. It appears that, in order to effect this result, muscular tissue of a peculiar structure and arrangement is necessary. When in a state of erection, the sensibilities of the parts are in a state of excitation—exaltation. Hence there is a sudden and remarkable accumulation of blood in the tissues, which is the immediate cause of the erection. The return of blood is prevented, and the erection continued on account of the peculiar mechanism of the tissue itself; pressure is exercised on

the veins or sinuses by bands of muscular fibres, so that there is an accumulation of blood which has been rapidly conveyed to the parts through the arteries. These muscular bands are supplied by nerves, in much the same way as the vessels—from centres located in the spinal cord, and are often called *nervi-erigentes*. It follows that whenever we find the peculiar arrangement of the peculiar tissues, we have tissue capable of erectility—we have erectile tissue.

It will be seen that this kind of tissue is not confined to the genital organs, although here we will find it in greater quantities and most clearly to be determined by the anatomist. Erectile tissue exists in the walls of the vagina, in the uterus (which we regard an erectile organ), in the extremities of the Fallopian tubes, and in the rings of the ovary. It exists likewise in the iris and in many other parts of the body. In all, the property of erection depends upon the peculiar arrangement of the vascular, muscular and nervous tissues.

With these prefatory remarks, I shall introduce reports of some instructive cases of impotence and sterility which I have mostly successfully treated. The cases are numbered according to the arrangement made of them in my note book.

CASE XVI.—*Permanent Impotency from General Debauchery*.—Mr. J., aged 65, a wealthy bachelor, had hereditary tendencies to insanity, which condition was thoroughly developed under debauches of every description of many years standing, or, as he termed it, “thirty years a drunkard,” and an inveterate consumer of tobacco. He actually ate the weed night and day. His venery was prolonged and frequent until towards his latter years, when he became impotent—totally so. This was followed by severe melancholy and recluse, with periodical spells of the highest exaltation and personal abuses. In these spells he would resort to bawdy houses and order several of the inmates to be stripped before him, to drink freely of champagne, and to perform all sorts of bawdy antics. With all this, he was yet not happy, for he was impotent; his genitals were prostrated and flabby beyond any recovery. The lesions of the brain, the spinal cord, of the solar-plexus and of the sympathetic were permanent and progressive. These excesses would last from one to

two weeks at a time; then, disappointed, he would become melancholic or choleric, or phrenzied and demoralized, and would seek an inebriate retreat for rest and treatment for weeks or months duration—terribly repentant, terribly melancholic, suffering all the torments of the damned, hating his own blood and kin, swearing he was the “black whore” that the seventeenth chapter of Revelations describes, and that he was doomed to kill himself and go to hell. Therefore he executed himself, for he committed suicide about four years ago.

He had been under treatment of Dr. Wm. F. Stewart, of Harlem Lodge, and myself ten years previous to his death. When under our control, many of his symptoms were greatly amenable to treatment. For instance, his insomnia would kindly yield to the bromides and chloride of gold; his melancholia and forebodings were much benefitted by coca and damiana; his dysomania was greatly stayed with draughts of hot beef-tea flavored with capsicum. But as to the “bee in his bonnet,” and the lesions of the genito-urinary centres, they were fixed and permanent.

CASE XVII.—*Temporary Impotency from Nervous Exhaustion.*—Mr. W., aged 25, single, tall, active, and well-developed, employed upon our daily press, had suffered for several years from frontal pain and depression, general nervous exhaustion, with periodic spells of fearful melancholy, with suicidal tendencies. He had to leave his vocation and seek asylum treatment, for some unexplained neural or mental disorder, his friends thought. After several experiences of this kind of treatment, he was referred to me. Upon examination, his urethra proved to be irritable with a gleety discharge, with two strictures located in the fixed part of the canal. These were dilated gradually, while his nervous symptoms were treated upon general principles, using sedatives or tonics, as circumstances required, until a gradual and final recovery occurred. His mental troubles proved to be purely reflex.

CASE XVIII.—*Impotency from Neglected Gonorrhœa.*—Mr. O., aged 26, suffering from prostatitis and continued loss of prostatic fluid, dripping away from the penis upon his underwear. The case was one of trouble originating from long-neglected gon-

orrhæa, and exposures to cold and unhealthy locations. His symptoms were pain and tenderness about the perineum, with a sense of heat and frequent efforts at passing water. He had pain on defecation; feeling of weight about the perineum and rectum, experienced when passing the catheter. I ordered, as treatment, rest, warm baths, and used belladonna applications to the perineum; bromide in milk as injections per rectum; simple nourishment without stimulants; all this until the acute stage had passed. Then I placed him upon damiana pills (Parke, Davis & Co.'s) as an alterative and tonic, which treatment was continued for several months, when all his unhappy symptoms had disappeared.

CASE XIX.—*Impotency from Spermatorrhæa*.—Mr. D., aged 24, complained of the loss of seminal fluid, night and day, and particularly after he passed his water or fæces. He attributed the cause to masturbation, and from his appearance I judged he was correct. He suffered much from general weakness, nervous irritability and a dreamy, absent manner, flatulence and constipation, dullness of sight and perhaps of hearing, weakness of memory, attacks of palpitation, giddiness, headache, and neuralgia. He would lie abed for a week or two at the time, and fast for days without speaking to anyone. This condition existed more than a year, when his father, fearful his son was about to lose his mind (judging from eccentricities), called my attention to the case, when I obtained this history.

I placed him under the best hygienic influences, and required daily calls at my office, when I used moral suasion and encouragement, and endeavored to instil better ideas and more manly actions, to imbue him with brighter hopes for the future. I also instructed his family to use every effort to make home attractive and pleasant for him.

Happy home influences surrounding youth is a matter most worthy of earnest solicitude, attention and study; and were it more generally inculcated throughout our land, how many young and gallant wrecks might be saved upon the ocean of every-day life!

I administered the different preparations of damiana with entire success. Though it required better than a year to complete restoration mentally and physically.

I would here note the fact that preparations containing gum and resin solutions are more agreeably taken with milk, and more readily assimilated. I also find the bromide salts to be more readily taken and to give better results when held in solution of milk.

CASE XX.—*Sterility from Amenorrhœa.*—Mrs. B., aged 28, suffering from amenorrhœa, has been married several years, but had no issue; as a consequence, was unhappy and anxious. She had excessive leucorrhœa, though she was apparently robust and healthy; cheeks rosy; still she complained of nervous irritability, and a dreamy and absent kind of manner. I advised a better hygiene, moderate mental and bodily work, cheerful society, to avoid heavy meals, and to sleep on a hard mattress, and alone during treatment. Medically, I ordered fluid extract of damiana, teaspoonful-doses in milk, three or four times a day; to omit tea or coffee and other stimulants; to drink freely of milk or buttermilk. After pursuing this treatment two or three months, all her symptoms improved; she became perfectly regular in her menses, became pregnant, and was delivered at the end of a regular time of a healthy boy.

CASE XXI.—*Impotency from Grief and Reverses of Fortune.*—Mr. C., aged 45, suffering from seminal loss, due, as he said, to grief and sad reverses of fortune. The penis was small, cold and flabby; otherwise there was no lesion that could be found. His symptoms were as follows: General debility, with some emaciation; also much nervous irritability; complained of dullness of vision, and of poor memory; bowels constipated and flatulent, with occasional attacks of giddiness, headache, and palpitation. In his case I suspected excessive venery, as he informed me he had lately been in the habit of keeping a mistress who was very amative.

The treatment of his disease was rest, a change of scene, nourishing diet, as the hygienic measure; medically, Messrs. Parke, Davis & Co.'s damiana and nux vomica pills, which was continued through the months of June and July with the best results, for his seminal losses ceased; he grew better in flesh, and better mentally. A few weeks since he came to the city for the treatment of general rheumatic and neuralgic pains, which

yielded kindly to quinine and electricity. He had been visiting a malarial district. His old trouble, spermatorrhœa, had entirely disappeared. The characteristic effects of damiana—viz: alterative effects on the alimentary canal and the tonic effects upon the genito-urinary organs—were decidedly manifested in his experience with this drug.

It will be well at this juncture to call the attention of the profession to the remarkable and beneficial action of this drug (damiana) in the various unhealthy or irregular discharges of the genito-urinary organs, in the female as well as the male. Several of my medical brethren have strongly testified in its favor in the treatment of sterility, where the uterus and its appendages seemed to suffer from inertia. I have found it an excellent remedy in cases of amenorrhœa, dysmenorrhœa, and leucorrhœa. Spermatorrhœa is a deranged state of mental and bodily health, due to too frequent escape of seminal fluid. Masturbation is the most common cause. The symptoms may be a separate escape of seminal fluid; or this may be associated with morbid changes in the vesiculæ seminales, ejaculatory ducts, bulbous portion of the urethra and prostate gland. Urine is sometimes rendered slightly albuminous by seminal fluid.

CASE XXII.—*Impotency due to Stricture and Catarrh of the Bladder.*—Mr. N. R., aged 25, suffering with loss of copulative power. Upon an examination of the urethral tract, the sound was arrested by two strictures at the prostatic portion of the urethra. The neck of the bladder was found irritable with excessive mucous discharge. The strictures were gradually dilated by the appropriate instruments for that purpose. The bladder was washed out daily by a double silver catheter, using as a wash a weak solution of atropine. Internally, I administered Parke, Davis & Co.'s fluid extract of gelsemium with bromide of sodium. This treatment was continued until the acute symptoms had subsided, when Parke, Davis & Co.'s fluid extract of damiana was administered. The sound was passed daily, through which a constant current of electricity was passed from the sacrum to the end of the sound. In all, this treatment lasted about a year. Since then the young gentleman has married and finds himself fully able to do family duty.

CASE XXIII.—*Impotency due to Neurasthenia.*—Mr. R. J., aged 54, complained of a gradual loss of health, weight and genital power. Here we failed to discover any lesions of the genital organs. He seemed to be a case of general neurasthenia from debility of digestion and assimilation of several years' standing, which yielded kindly to local and general faradization after a few months' treatment. But his genital organs being still weak and impotent, we placed him on liberal doses of Parke, Davis & Co.'s fluid extract of damiana, which acted like a charm after a few weeks' administration. The first effects were to cause two full, mushy stools per day, accompanied by an increasing appetite, and finally a restoration of his lost sexual power.

CASE XXIV.—*Impotency due to Business Troubles.*—Mr. D., aged about 50, called concerning indescribable pain or sensation about the head, with a loss of power, and a desire for sexual connection; attributed it to great and continued trouble in his business relations. On examination I failed to find any lesions of the genito-urinary organs or functional disturbance of his alimentary canal. Indeed he seemed in all respects a fair specimen of health, with the two exceptions named. I ordered him free use of Parke, Davis & Co.'s damiana pills, and occasionally when the pain in the head was severe, applications of the constant current of electricity to the nape of his neck, down the spinal column. His treatment was continued several weeks with very fair results, though his business troubles were still on his mind.

CASE XXV.—*Impotency due to Excessive Venery.*—Mr. G. W., a young gentleman of wealth and somewhat "roué," called at office. He was the picture of health, aged about 30; complains of a failure in his efforts at copulation, owing to a partial loss of erectile power. On examination, I found the history of excessive venery only. The sound exploration failed to discover either stricture or tenderness of the urethral tract, all other functions being normal. I advised him rest for two weeks. After due trial he returned, reporting treatment so far a failure. I then placed him on Parke, Davis & Co.'s damiana pills, together with a generous diet and respite from all genital exercise. After

ten days of such treatment he reported himself fully re-habilitated and fully potent.

Commentary.—"Reduced sexual power, from whatever cause it may arise, is one of the most distressing maladies, and is therefore entitled to the deepest sympathy and consideration on the part of the honest practitioner, by whom, unfortunately, it is rarely discussed."

When the intimate connections which exist between the urethra, the prostate gland, the seminal vesicles, the ejaculatory and deferential ducts, and the tube are remembered, it is not surprising that lesions of that passage should exert a powerful effect upon the functions of generation—whether that effect be due to the extension of morbid action through continuity of stricture, or to reflex action. Hence it is that many persons afflicted with urethral disorders suffer from more or less marked disturbance in their sexual power, amounting in some instances to impotence, or inability to copulate, either from inability of introcession or premature ejaculation. Both states are associated with imperfect and transient erections—in many cases dependent upon stricture, inflammation and hyperæsthesia of the posterior portion of the urethra.

So frequent reference has been made in this paper to the preparations of damiana by Messrs. Parke, Davis & Co., of Detroit, Mich., because there are so many spurious or adulterated preparations of the plant on the market, that it impairs confidence in the drug. I have got in the habit of prescribing many of the preparations sent out by this firm, because I have not been deceived as to their genuineness and reliable strength.

Death from the Cold Douche.—By L. C. ARMSTRONG, M. D.,
TAYLORVILLE, ILL.

On the 28th of January, 1885, Mrs. S., a widow, 23 years of age, pregnant in the fifth month with her second child, met her death under the following startling circumstances:

On the afternoon of the above date, Mrs. S., while entirely alone, took advantage of the absence of her parents to try what virtue there might be in the cold douche when directed against the os uteri, toward producing an abortion. She had a few days

before expressed to her sister the desire for riddance from her present condition, wishing to be delivered of the child in utero.

For two hours her parents were absent on that afternoon, from 3 to 5 o'clock. On their return, they at once on entering the house missed their daughter, Mrs. S., in whose care they had left their home during their absence; on making search for her they sought her bed-chamber; finding the door locked an entrance was forced. A sad sight met their gaze. There lay the dead body of the daughter whom they had left in perfect health not three hours before. Between her limbs was a basin of cold water in which lay a Davidson syringe.

No post-mortem examination was made, but the testimony before the coroner and jury proved very clearly that no drug had been taken.

It was evidently a case of death from shock produced by the stream of cold water thrown with criminal intent into the vagina and against the congested os of a pregnant uterus.

The patient was an extremely healthy lady who had suffered but little in her first labor, and that this strong constitution should so suddenly succumb to the cold douche should indeed be a warning to women of the danger in the use of so simple an instrument as the Davidson syringe.—*Weekly Medical Review.*

A Case Showing the Antidotal Effect of Atropia over Morphia.

Dr. Joseph M. Clark, of Burlington, Vt., writes: "A man, forty years of age, in good health, took thirty grains sulph. morphine in about four hours. When found, he was in a narcotic sleep, with all the symptoms of opium-poisoning. The usual methods of treatment were adopted. Active exercise as possible, cold water to head, strong coffee, etc. Electricity was not given, and stomach was not evacuated. I immediately gave, by subcutaneous injection, $\frac{1}{16}$ grain of sulph. atropia. After half an hour I repeated this dose. Again, in half an hour, I gave the same dose, and waited the effect. This was all that could be desired. The pupils dilated, articulation returned, and a general improvement began. In five or six hours from the last dose he was comfortable, and went on to recovery, which was completed in about two days."—*Med. Record.*

EDITORIAL.

Medical Education.

Medical education is sought for different purposes; in other words, men pursue the study of medicine with different objects in view. One man takes up this study for the pleasure he thinks he will realize from the knowledge gained. He really thirsts for knowledge of himself—the human system—and never tires in reading anatomy and physiology. He can endure almost any kind of exposure, and tolerate the most offensive surroundings in his investigation of anatomical specimens in the dissecting room and elsewhere. Comparative anatomy, with living, dead or even decaying specimens before him, is pursued with pleasure by this student. Nothing but an accurate knowledge of the foundation principles of medicine will satisfy him; and it is a pleasure to meet with a man of this kind—one who is satisfied with nothing short of proficiency. But it is true that we find comparatively few of this class—those who pursue a study from the standpoint mentioned, that ever turn their education to any account. They are frequently prosy, impractical, and only good for reference when we want to know something. They frequently fail to earn comfortable livings for themselves or their families, but when we do meet with a practical business man from this class he is a giant.

Other men pursue the study of medicine from a different motive. They do not contemplate going into the general or special practice of medicine; no, that would be too much like work; but they look into the future through their ambitious eyes, and see large chairs, professorships, editorial positions, hospital superintends, etc., and they go about their work in a business way, qualifying themselves in literature and the medical sciences, and finally gain the object of their ambition—position. These men secure places by virtue of their straightforward efforts in a certain direction, and by passing examination showing their fitness, from

an educational standpoint, to fill the positions sought. It is wonderful what can be accomplished by men of very ordinary talent, if they will only work steadily and earnestly toward a certain end. But while these men are well qualified, in a certain sense, to fill places as professors or teachers, and while they may be able to acquit themselves with credit, and earn respectable fortunes, they are not, as a general thing, the most successful teachers. What they teach may be true enough, and they may be very accurate in language and illustration, but unless they are men of a practical turn of mind, and have some knowledge of what they undertake to teach from actual practice and observation, they can never impress students with the realities of their subjects like men of even less learning, who know what they talk about from practical observation. Too many of our medical college teachers are like hand-organs—have stereotyped speeches and stories to rehearse, long essays to write, and, when all told, there may not be a single item that could be referred to the actual experience or observation of the professor.

The successful teacher of medicine is generally found among that class who think least about teaching when they commence the study. These men have in mind the principal objects—the protection of health, the relief of suffering, and, if possible, the prolongation of human life. When men study medicine from this standpoint they mean business. They mean to work, not only in the acquirement of knowledge, but they mean to apply it in practice. The principal mistake of this class is this: they grow impatient and hasty in their study, and frequently skip or omit important details in order to reach the end—practice. But this apparent superficial education is frequently more than atoned for in frequent, careful, earnest and prolonged observations. While the active practitioner may not deliver a lecture quite so connected and high-sounding as a trained professor, if he will use a little tact he can make a dozen practical points to his colleague's one, and will be able to impress his audience with what he says—make his lecture entertaining as well as instructive.

These are important items for medical students to think about, and when we read from medical journals, or listen to medical

lectures, we ought to know whom we read after or to whom we listen. It is all well enough, even essential, for medical teachers to be scholars, but they must be observers and practical workers as well, else their instructions, in a useful point of view, may not be worth much.

Missouri State Eclectic Medical Society.

This society will hold its seventeenth regular session Oct. 6 and 7, 1885, in the halls of the American Medical College, St. Louis, Mo.

We have received letters from a large number of Eclectic physicians in the State, and from them we are led to believe that this will be the most interesting and largely attended meeting in the history of the Society. An ample and instructive programme has been arranged. C. W. Baker, M. D., N. M. Carter, M. D., and Prof. W. V. Rutledge, M. D., have been appointed essayists for the occasion.

No Eclectic in Missouri can afford to miss this meeting. No Eclectic can afford to live, move and have his being in this great State without first becoming a member of this Society.

Think of a senatorial district in Missouri with eighteen or twenty Eclectic physicians, only one of whom attended the State meeting in 1884. Will that be the case in 1885? The St. Louis Exposition and the St. Louis Fair, reduced railroad fare, will all be in full operation at this time; think you, Doctor, can you afford to miss all this? Let nothing hinder you, but come! Remember the date, Oct. 6th and 7th, 1885. Society will be called to order at 9:30 a. m. sharp Oct. 6th.

O. W. AVERY, President.

M. M. HAMLIN, Secretary.

The American Medical College.

On the first Monday in October the regular annual session of this college will open, and we have on record for this course of lectures as good a class of students as we have ever met or engaged in correspondence. The time has come when all medical colleges are required to furnish ample facilities for teaching medicine, and students are expected to be correspondingly pre-

pared to enter upon this study. The better the literary attainments of students the more readily they can appropriate the teachings at college. Students who have fair literary attainments may enter this college whether they have previously studied or read medicine or not, and special pains are always taken with them, but a few months' or two or three years' continuous or interrupted reading is better than no reading. Those with whom we have already corresponded fully understand these things, but strangers might not, and lest beginners may stay away, when they really want to attend lectures, we make this statement plain.

We earnestly request the class to be prompt in coming in, for it is so much better to commence with the opening; then all start at once; each has an equal advantage with the other. We contemplate a very interesting session, and are ready to aid in every way possible to make it instructive and profitable to our class. Address all inquiries to Dr. Geo. C. Pitzer, St. Louis, Mo.

MISCELLANEOUS PARAGRAPHS.

To the Eclectic Physicians of Texas:

I suppose that it is generally known that our Association was thoroughly organized and equipped for business on the 10th of December, 1884. Since then our members have steadily increased, and we now consider the Association a decided success in every particular, and are here to stay and defend and uphold the principles of progressive and scientific medication.

From the number enrolled we presume that there are a great many more Eclectics in the State that have not yet sent up their names. To such I would appeal to send up your names, with the small pittance of five dollars for initiation fee, and help to swell the roll of honor. Admitting that our organization is a success, without your aid or assistance, yet it is your duty to enlist, and give your influence, lend your talent, and—and—shell out your money to the advancement of our noble cause.

No selfish motive should actuate us in this, the great cause of

humanity, second to none other than the Christian religion. Send your address to A. H. Collins, Secretary, Honey Grove, Texas, and get a copy of the constitution and by-laws of the Association.

To physicians (in other states) who wish to make a change of location, we have an immense unoccupied territory, now inviting well-informed Eclectics to come over and take possession. I will be pleased to correspond with all wanting information on the subject.

J. E. A. BALL, M. D.

Davis, Texas.

Purifying Water with Alum.

Those of our readers who have traveled on the Mississippi River know how turbid the water is; and they may have seen people tie a bit of alum to a thread, let it down into a tumbler of water and swing it about a little, after which operation the liquid becomes as clear as crystal. Recently the matter has been carefully examined and reported upon by Professors P. T. Austen and F. A. Wilder, of Rutgers College. In their experiments two-tenths of a grain to the liter (one and one-fifth grains to the gallon) caused the separation and settling of the impurities in the New Brunswick (N. J.) water. Double this quantity may well be used, as a rule. This amount of alum is too small to be perceptible to the taste, or to exert any physiological action. The alum may also be used in clarifying water by filtration. If a very small amount be added to turbid water, it can be filtered through ordinary paper without difficulty, and yields a brilliantly clear filtrate, in which there is no trace of suspended matter. It is not necessary to let it stand before filtration, as the action of the alum is immediate. The simplest form of filter for considerable quantities of water is a tube, one end of which is stuffed with cotton. A drain pipe is the best, as it can be so easily cleaned. The plug of cotton should be two or three inches thick, and may be kept in place by a ring of wood fitted into the bottom of the pipe. For household purposes, a large glass funnel may be used, or a filter may be made by cutting off the bottom of a glass flask or other bottle. The neck of the funnel or bottle is to be plugged with cotton, which should first be worked in warm water to re-

remove the adhering air, and to wet it well. It should be packed in quite closely, a little at a time, until it forms a layer two or three inches thick. To insure accuracy in the amount of alum used it is best to make a solution of half an ounce of alum to a quart of water. Dissolve the alum in a cup of boiling water, pour this into a quart measure, and fill up with cold water. Keep it in a properly labeled bottle. Fifty-four drops of this solution, or a scant teaspoonful, will contain two and three-tenths grains of alum, which is the quantity for a gallon of water. It is not important to be very exact, as twice the quantity would be harmless enough. Analysis shows that the water is not only clarified but purified by this process, the greatest part of the organic matter being removed from it.—*Exchange.*

The Wisconsin State Eclectic Medical Society.

The annual report of the Wisconsin State Eclectic Medical Society for the current year has just been issued from the press of King, Lawton & Fowle. The typographical appearance of the report is exceptionally good. The promptness with which the material has been collated and arranged by the Secretary, Dr. T. S. Troyer, is highly commendable. Medical societies are, as a rule, strangely dilatory in the matter of early publication. The report makes a very creditable showing; contains the usual quota of papers, several of which, of no mean order of merit, seem to have originated from the facile pen and intuitive brain of our fair contemporaries—the lady physicians. Their success in active practice, as well as in the field of medical literature, is becoming every day more and more apparent. The society is to be congratulated upon the *ensemble* of their yearly work.—*Wisconsin Medical Record.*

Cases in Practice.

I had under my treatment a lady, Mrs. Carolina Holland, thirty-six years of age, and married twelve years, no children, who had been suffering since twenty years with painful and irregular menstruation, followed by leucorrhea and nervous hysteria at times. She had tried all kinds of patent drugs, but not receiving any benefit by it consulted a number of physicians, but

also without effect. The 14th of April last she became one of my patients, and I prescribed the usual formulas, which were carefully prepared at my own dispensary, but to her and my regret only gained momentary benefit. I concluded to make a trial of the following prescription: Celerina, aletris cordial, aa ʒij. Dose, two teaspoonfuls half an hour before meals. And as the lady suffered with constipation, I prescribed one tablespoonful of acid mannate before bedtime. For injection, I prescribed one part of the white extract pinus canadensis, with nine parts of water, three times a day.

The result has been surprising. I wanted the lady to continue the medicines, as I could easily order them from Mr. C. F. Goodman, at Omaha, but Mrs. H. insisted upon not doing it, for, she proclaimed, having regained her youthful health and vigor, she would need no more medicines at present. Two weeks ago I saw her on a family hop, swinging around like a young lady of sweet sixteen.

Very respectfully,

C. A. BRUEGMANN, M. D.

Marysville, Seward Co., Neb., Aug. 8, 1885.

Impotency Successfully Treated with Damiana.

A gentleman, aged 30 years, of delicate frame and appearance, constantly complained of feeble digestion, irregular bowels and constipation. His complexion is sallow; he sleeps badly; his habits are sedentary, and is given greatly to literature—frequently delivering public readings, etc. He has been married several years without issue. His wife is buxom, active and regular. Upon examination, I found his organs rather small, with the power of incomplete erection only. His semen under the glass exhibited but few evidences of life and vigor. I ordered a more active life, less study, regular hours and diet. I placed him on Parke, Davis & Co.'s fluid extract of damiana. After six months of careful management, he was greatly restored. He reports his wife in a fair way to become a mother.

Commentary.—In cases of impotence from masturbation, accompanied with spermatorrhœa, we find morbid changes in the vesicular seminales, ejaculatory ducts, bulbous portion of the urethra and prostatic gland. Such cases frequently require sur-

gical and special treatment, but I have found much advantage to result from the use of electricity and the free use of damiana. These agents possess tonic power over the nervous apparatus generally, and they act most favorably upon the nerve centres presiding over the functions of the genito-urinary organs.—*J. Caldwell, M. D.*

Post Partum Hemorrhage.

I was called to see Mrs. M—, aged 32, at 6 P. M. It was a case of relapse, brought about by disregarding orders not to get up during the day, husband being absent. Severe flooding set in soon after getting up, in the early forenoon, and continued all day, through a mistaken notion that it would be time enough to send for help when husband came home. She had been waited on by another physician some three or four days previous, and at the time of the abortion, and had been provided for sufficiently, I presume. When I arrived she was in a state of collapse, or nearly so. Pulse hardly perceptible, face blanched and extremities cold, but could talk in an audible tone.

By means of the tampon and ergot the flooding was suspended almost entirely. The tampons were renewed frequently by myself, wrung out of cold water, which pleased her much on account of being so cool and pleasant, as she expressed it. The feet were kept warm by the hot mustard water pediluvium, so that in the early morning she was hopeful, and was at least no worse, and I expressed an opinion that she would get well. Her stimulants consisted of good whiskey chiefly.

I removed every tampon myself, that I might the better be able to know the exact state of affairs.

I am thus explicit, that the young practitioner who may chance to read this article may possibly find something of advantage in these dangerous and hazardous cases.

But now comes the point of the whole matter, and the main purpose of this article is to make it prominent.

An hour before day the physician first in charge, an allopath, was sent for as an additional safeguard and possible advantage. He assumed charge of the case with my full assent, partly on account of precedence in the case, and partly because I, for one,

generally get out of the responsibility in grave cases if it can be done honorably and by consent of parties.

One of the first things he did was to raise the foot of the bedstead four inches, by means of a piece of scantling. To this I objected, on the ground that the feet could not be kept warm, and if that could not be done she would die. The reply was, with a little ostentation, that all the works he had ever read recommended it. So it was done.

The head had been kept low and the body level, and syncope had not been present to any appreciable degree. In my opinion, if she had been allowed to remain in that position with stimulants and iron, she had a very fair show of recovery.

I must not omit to say that the last tampon removed by myself in the morning was clean, and showed that the hemorrhage was entirely suspended.

She died at 10 o'clock, about four-hours after we left.

If any of the profession who may read this should differ with me in the matter of raising bedsteads at the foot in such cases, I should be glad to have them publish it, with a synopsis of reasons.

W. A. SAWYER, M. D.

Mt. Moriah, July 31st, 1885.

A New Battery Solution.

Dr. Carl Seiler, in the *Medical and Surgical Reporter*, recommends the following fluid as superior for galvano cautery batteries, or diluted one-half with water, for the ordinary medical batteries: R. Bichromate of potash, two pounds; hot water, one-half gallon; Sulphuric acid, one-half gallon. Dissolve the bichromate of potash in hot water, and when cool add to it the sulphuric acid. This should be mixed in an earthen vessel, as the sudden evolution of heat is very apt to break a glass bottle. When cold, place the mixture, which will be quite thick, in a glass funnel, the tube of which is partly closed with asbestos, and drain off all mother liquid, which is a saturated solution of sulphate of potash. Then redissolve the parts remaining in the funnel in one and one-half gallons of water, and add to it two quarts of sulphuric acid if the fluid is to be used for the galvano cautery battery, but if it is for the ordinary medical battery one quart of sulphuric acid is sufficient.—*Medical Summary.*

Why Alcohol Intoxicates.

Those of us who are unaccustomed to strong drink have often noticed how quickly a glass of wine or a small amount of distilled liquor "goes to the head."

Most of us know that this effect is caused by the direct presence of alcohol in the blood, but it is not generally known just how it gets there.

To explain the delicate but simple operation of conveying the alcohol into the whole system is the object of this article.

All liquors, wine and beer, are merely alcohol, diluted with water and flavored by the juices of the fruit or grain from which the drink is made. The beverage, being taken into the stomach, comes in contact with the lining of that organ.

Now, this lining is provided with a network of delicate blood vessels, which are very small and have a thin membranous covering. Alcohol has the property of permeating this coating and being taken up at once by the blood within the capillaries, which carries it away to other parts of the system. Water, however, requires a much longer time to be absorbed, and as the alcohol becomes partially removed from the contents of the stomach, they pass into the small intestines. A small percentage of the alcohol which remains after this takes place is rapidly taken up by the lacteals or the absorbent vessels of the small intestine and enters the main blood stream by way of the thoracic duct. The alcohol all eventually goes to the heart and thence through the liver into the general circulation.

All the organs in which blood circulates are now brought into contact with the mixture of blood and alcohol.

The nerve pulp, the brain substance and the great nerve centres are rich in blood vessels, and being the most sensitive part of the body to the action of alcohol, by reason of the fact that the natural moisture of the nerves, on which they largely depend for healthy action, is largely taken up by the alcohol and conveyed to the blood, they soon lose their control of the muscles, both voluntary and involuntary.

The heart as a consequence beats more rapidly, having less resistance to meet. The muscles of the veins and arteries relax, and the capillaries expand.

A feeling of warmth and flushing of the face is the result. The brain acts more quickly and thought and speech flow more freely.

Upon taking a still greater quantity of alcohol, some of the functions which are governed by the spinal cord become completely narcotized. The legs, feet and lips are first to feel this effect.

As more and more alcohol is taken, its effect progresses from one nerve to another, until the brain itself is stupefied and the mind is totally under the deadly influence, while the man sinks himself to the lowest level of mere animal existence. Finally, real temporary paralysis of all the nerve centres sets in, consciousness is lost, and the victim sinks into a sleep. The beating of the heart and the moving of the lungs are all that distinguish him from the clay from which he came.

Sense, reason, mind, all gone. What can be lower or more degraded?—*Hall's Journal of Health.*

The Treatment of Whooping Cough.

In his summary of treatment, in a clinical lecture delivered at the Philadelphia Hospital ("Medical News"), Dr. John M. Keating emphasizes the value of the steam spray and the atomization of medicated solutions, among which he ascribes value to Dobell's solution, eucalyptol, and thymol. With the bichloride he advises caution. Corrosive sublimate, which is now used for almost everything, he says, has also been applied here in the form of the spray. He remarks that it is a dangerous drug to put into the hands of an inexperienced person, and, as we have so many other useful remedies for this affection, he thinks it wise to avoid the use of corrosive sublimate. He has used listerine extensively with good results in the treatment of whooping cough. He employs it in the strength of one drachm to two ounces of water, with an ordinary hand-atomizer, directs the nurse to apply it twelve or more times a day, and finds that little children, even babies, do not object to it. He adds to it tincture of belladonna, potassium carbonate, or ammonium bromide, as the case may demand. Chloride of ammonium he also finds of great service in the form of spray.—*New York Medical Journal.*

The Modern Gynecologist.

Gynecologist and Patient, who had married a widower with several children, one of whom was in the waiting-room. *Gynecologist*, looking through the speculum: "How many children have you?" *Patient*: "We have four in the family, doctor." "Ah! four children. That explains the lacerated condition of your cervix, madam. It was badly lacerated at your last confinement, and can only be relieved by trachelorraphy." "But, doctor, ain't you mistaken? I—" "Mistaken, madam! Impossible. I tell you, you have laceration of the cervix, dating from your last confinement." "But, doctor—" "Now, madam, I know what is the matter with you, and it's no use for you to volunteer any further information. You must submit to an operation." "But, doctor, I *will* speak. I never had a child. The children we have are my husband's by a former marriage." *Tableau.—Medical Age.*

Althaus: Hemi Anesthesia from Congenital Brain Disease.

A girl of eleven was admitted to the hospital for epileptiform seizures and so-called paralysis of the left side. She had been delivered with instruments. On examination, no loss of power was found anywhere, but complete hemi-anesthesia from the vertex to the toes. There was hyperesthesia on the right side, the line between the two being sharply defined. She had never felt anything on the left side so long as she could remember. All the various forms of sensation, contact, pain, pressure and temperature, were lost completely. The mucous membranes of the eye, mouth and nose were likewise affected. The left pupil was insensible to light. All the nerves of special sense on that side showed complete loss of function. There was general ischemia of the side, punctures did not bleed; also some ataxia existed in the left hand. A diagnosis of hemorrhage into the posterior third of the internal capsule of the right side was made, affecting only the paths of sensation. The probable cause was prolonged labor and instrumental delivery.

It yielded completely to a single application of faradization of the skin. This result was explained by the fact that the clot

causing the symptoms had long since been absorbed, soon after birth, but had left a functional paralysis in the part. The suitable stimulus overcame the impediment which had so long existed in the conduction of sensory impressions to the cortical centres. There was thought to be no possibility of an hysterical element in the case.—*Medical Times.*

Galvanism in Asthma.

We have recently employed the galvanic current in the treatment of an aggravated case of asthma, with the result of prompt temporary relief.

The positive pole or anode was placed at the vertebra prominens, and the negative or cathode at the lower extremity of the sternum, the current being gradually strengthened to sixteen cells.

Under its influence the dyspnœa speedily disappeared, and the unpleasant symptoms vanished. In this respect galvanism is far superior to faradism, which exerts little if any influence in such cases.

The current should be allowed to flow through the thorax for from five to ten minutes before the removal of the sponges. So far, we have observed no untoward effects from such treatment.—*California Medical Journal.*

Foreign Bodies in the Ear.

The removal of foreign bodies from the auditory meatus not infrequently proves to be one of the most difficult operations in minor surgery. To those who are not familiar with the method advocated by Mr. Jonathan Hutchinson, its simplicity and certainty will at once commend it, especially since it does not, even if effectual, set up any kind of mischief whatever. This plan was described in a lecture on "The Surgery of the Receiving-Room," delivered on Wednesday last at the London Hospital by Mr. Hutchinson, and consists in the introduction into the ear of a loop of soft, flexible silver wire, of small diameter. Such an instrument can easily be insinuated beyond the obstacle in the canal, and becoming hooked round it, at once permits its ready removal: sometimes a second loop may be found necessary, but as a rule

one proves sufficient. Mr. Hutchinson also strongly recommends that, should one or two trials end in failure, the patient should be placed under the influence of ether, as, in children especially, the movements indulged in if anæsthesia is absent render nugatory all attempts to place the loop *in situ* for extraction of the foreign body—*London Med. Press*, Dec. 3.

How to Diagnose Gonorrhœa in a Female.

The difficulty of differentiating a specific vaginitis from a simple or catarrhal inflammation of the vagina has probably worried most of our readers. A mistake in diagnosis in these cases is also a matter of very considerable importance. The happiness of a home may hang on the issue. It becomes the physician in such a case to hew to the line, let the chips fall where they may; but he must be particularly careful that none of them fall on his own toes. There has, up to the present time, been no pathognomonic sign which might serve as a guide in such a perplexity. At a recent meeting of the Paris Obstetrical and Gynæcological Society, however, Martineau suggested one which may answer the purpose. The pus of the specific vaginitis is said to be always acid, while in the simple variety it is alkaline. A little piece of litmus paper, therefore, will tell the story. The importance of this discovery cannot well be over-estimated. Both on account of social and medico-legal reasons its importance is very great.—*Med. Agc.*

Sugar in the Blood.

Prof. J. Seegen, of Vienna, recently published the results of his extended researches on the physiological relations of the sugar in the blood (*Wiener Med. Woch.*, No. 1, 1885). We abstract here his epitomized conclusions:

1. Sugar is, doubtlessly, a normal constituent of the blood.
2. Its quantity is larger than usually believed, viz., 0.1 to 0.15 per cent.
3. The blood passing from the liver contains double the quantity of sugar as the blood entering the liver. In thirteen instances Seegen found in the hepatic artery 0.119 per cent. of sugar, and 0.230 per cent. in the portal veins.

4. Counting that the blood takes up, on the average, one per cent of sugar in the liver, Seegen calculated that between 200 and 500 grammes of blood passed from the liver into the circulation during twenty-four hours.

5. Sugar (in the carnivorous animals at least) is elaborated from the albumen of food. The greatest part of the carbon contained in the meat animals feed upon is utilized for the formation of sugar.

6. In experiments which excluded the liver from the circulation the proportion of sugar in the blood was found to be decreased.

7. The formation of sugar in the liver and its utilization in the blood and tissues is one of the most important of tissue-changes.—*Therapeutic Gazette*.

Squibbs' Cholera Mixture.

R. Tincture of opium, tincture of camphor, tincture of capsicum, aa $\bar{3}$ j; chloroform, $\bar{3}$ iij; alcohol, $\bar{3}$ ij. M. Dose, teaspoonful after each operation, in water.

Hysterical Flatulence.

Robert Bartholow recommends the oil of cajeput in doses of from five to ten drops for hysterical flatulency. Relief is immediate. In simple fermentative flatulency smaller doses will be efficacious.—*N. O. Med. Journal*.


The Hydrangea Arborescens.

The value of this native plant in renal affections was first made known to the medical public by the former editor of this journal, Dr. S. W. Butler. Recently Lambert & Co., of St. Louis, have combined the active elements of the plant with lithia in a preparation called "Lithiated Hydrangea," which unites the virtues of both these remedies. In the *Chicago Weekly Review* two cases of rheumatic gout with renal complications are reported by Dr. F. S. Senier, of Waukesha, Wis., where this preparation in doses of a drachm, thrice daily, largely diluted, acted with prompt and satisfactory effect. The combination seems to us a happy one.—*Medical and Surgical Reporter, Philadelphia*.

Anti-Rheumatic Mixture.

Dr. H. K. Lines has obtained good results with the following:
 R. Vini colchici sem., ʒss; tincturæ gentian. comp., ʒiiss; po-
 tass. iodid., ʒij. Mix. Sig. Teaspoonful three times a day in
 a wine-glassful of water.—*New Eng. Med. Monthly*, May,
 1885.

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ORIGINAL COMMUNICATIONS.

ART. XXXV. — Sanguineous Congestions of the Skin—Purpura.
—By PROF. E. YOUNKIN, M. D.

The diseases in which blood is deposited on the surface or within the substance of the skin, or beneath in the cellular tissue, have received different names, according to the character of the sanguineous effusion.

When the blotches are produced by blows, or by local causes, they are denominated *ecchymoses*; when the effused spots are the size of hemp-seed, and from that to the size of peas, and when associated with some other affection of a more or less serious nature, they are called *petechia*; and when the congested parts present in streaks they are denominated *vibices*.

A more general term, which comprehends several forms of hemorrhage in the skin and mucous membrane, is that of *purpura*.

By purpura we mean a disease characterized by blotches of a dark-red or livid hemorrhagic effusion. The spots are circular and of different sizes; often in stripes or patches, irregularly scattered over the thighs, arms and trunk, with occasional hemorrhage from the mouth, nose, or bowels, and attended with debility and depression. Purpura is not to be regarded as an independent disease, but rather as a symptom of other conditions, the cause of which may be found primarily in the vascular or in the nervous systems.

In almost all cases the appearance of the spots is preceded by great debility, heaviness of the limbs and general uneasiness, either with or without fever, and they are frequent accompaniments of articular disease and scorbutic affections.

The extravasated spots are uncertain in their development, and irregular in duration. The process of effusion is neither uniform nor regular, and hence they may be developing in some places whilst fading out in others.

In the simplest form of purpura the disease almost always commences independently of known causes, and without marked derangement of the principal functions. Nevertheless some patients complain of lassitude and weariness some days before the appearance of the spots.

A much more serious form of the disease is that of *purpura hæmorrhagica*, which presents sometimes by mere petechia, but often by larger extravasated patches, preceded by great lassitude, debility and pains in the limbs. The body has been seen covered with livid spots similar to those that follow bruises, and blood has been seen exuding from behind the ears and vertex. The disposition to hemorrhage is so great, in some cases, that the slightest pressure upon a part is sufficient to produce an ecchymosis, but the distinguishing feature of *purpura hæmorrhagica* consists in the hemorrhage from other organs.

First, from the nose. This is the most common of all the varieties, and has been followed by death from sheer loss of blood.

Second, from the throat and mouth. Sometimes the whole fauces appear of a deep red, and blood issues from every part. The gums are livid and spongy, and the blood exudes from the edges. The inner surface of the cheeks presents blackish spots, and the palate is covered with dark patches. Quite recently, I have seen these conditions associated with diphtheritic membrane on the tonsils, which loosened and came off, after which severe bleeding from the throat, nose and bowels so reduced my patient that it died.

Third, the hemorrhage may come from the stomach. In such cases there is vomiting of blood, accompanied with pain, usually in the left hypochondrium, with increase in the size of the spleen.

Fourth, the patient may pass blood from the bowels; the stools are of pure blood or sometimes blackish-looking.

Fifth, the blood may flow from the urinary passage. The urine is tinged with blood, or the fluid may pass unmixed and partly coagulated. A recent case, under my care, after passing blood from the urinary passage, was taken with suppression of urine, and died in thirty-six hours.

Sixth, there are cases in which hemorrhage takes place from the uterus, vagina, or pudenda. These cases are almost always serious, and may be mistaken for miscarriage.

From whatever source the hemorrhage springs, if it is abundant, the lower limbs become œdematous, the face pale, the skin a whitish-yellow hue and the purpuric spots of a darker tint. The blood becomes thin, the extremities cold, and the patient grows more and more feeble. If, under these circumstances, another hemorrhage takes place, the patient usually dies of exhaustion.

In my own practice, I have met with a number of cases of purpura in children, some presenting without premonitory signs, and others following chills and fever, some cholera infantum, etc.

Purpura scorbutica is the most dangerous form of the disease, and the cutaneous affection is but a symptom of the general nutritive derangement. Scorbutic purpura evidently points to the existence of serious blood-dyscrasia. The spots on or within the skin are always preceded by general lassitude, with pains in the limbs and joints. The fever may be high or low, of long duration or short, according to the form of the disease and the condition of the general health. In this form of the disease an unfailing condition is the affection of the gums. They are inflamed, painful, swollen and spongy. They bleed freely, and serious hemorrhage is liable to take place from the internal organs.

This disease is the result of living in confined abodes, impure air, unwholesome food and infectious surroundings. It is found in forts, prisons, hospitals, ships, and even city and country dwellings, where individuals are exposed to vitiated food and surroundings. Once started in a community, it may spread and become epidemic.

In the treatment of purpura the leading indications are to invigorate the vascular system, and to restore the nutritive processes. To accomplish these ends, the older writers depended on the sulphuric acid, iron and bark. The aromatic sulphuric acid, lemon and lime juice may be given. Tinct. ferri mur. may be administered with advantage. In some cases I have relied on the fluid extract of baptisia and the muriate of hydrastia.

In cases of hemorrhage from internal organs, hamamelis stands first in importance. Ergotini internally or subcutaneously, in hemorrhage from the uterus especially; carbo-ligni in hemorrhage from the bowels, given in pill form, or an injection of willow charcoal may be used. In hemorrhage from the kidneys, perhaps there is no better agent than galic acid. For the debility, quinine and iron.

Spongy and bleeding gums are also painted with citric acid or dilute chromic acid, and the mouth may be washed with a solution of ratanhia. In purpura, with rheumatic pains in the muscles or joints, cimicifugi and salicylate of sodæ act well.

The cutaneous spots may be removed by increasing vascular tension; these are cured by absorption, and this condition may be promoted by faradization, and the ends accomplished as above indicated. With all, a generous meat and vegetable diet, wine, cider and buttermilk.

ART. XXXVI.—Obstetrics.—By W. S. BAIN, M. D.

On July 15th, I was called to see Mrs. R., pluripara, æt. 16. The patient stated that she had been confined with her first child about ten months previous. About three or four months after her confinement, she noticed a tumor rising above the symphysis. As she had not menstruated since her confinement, and the time being so short, and there being no symptoms of pregnancy, she did not suppose that it was possible for her to be pregnant at this time, July 15th. She looked to be advanced to about the sixth or seventh month of gestation.

On examination, found the os up so high that it was with difficulty that I could reach it. The os was patulous, and easily opened with the finger. The abdomen was lacking the ovoid form usually seen in pregnancy where everything is in a

normal condition. No amount of manipulation would produce any foetal movements or uterine contractions, neither could I hear any sounds that in any way resembled the foetal heart. I informed the lady that I believed her to be pregnant, but could not say positively. I advised her to wait a short time, and if there were no movements to come to my office, and I would try to set the question at rest as to whether she was pregnant. In about a week, or ten days, she came to the office, stating that she had not felt any symptoms, and said she did not believe that she was pregnant. As she was suffering considerable mental strain about her condition, I decided to ascertain if possible her true condition. I placed her in an operating chair, in dorsal position, and made digital examination, but failed to find the os. I then introduced a speculum, and opened the vagina. By using a depressor, I succeeded in bringing the os in view. There was nothing abnormal about the appearance of the os, it having the appearance of an os at about six or seven months gestation. I then made cold applications to the abdomen, but failed to elicit any movements or contractions. The stethoscope gave negative results as to cardiac sounds. I again informed the lady and husband that I thought she was pregnant, and instructed her to wait until her time was up, or nine months, and if there were still no signs of movement, or other symptoms pointing to pregnancy, I would then examine the cavity of the uterus and see what it contained. With this understanding, she left the office.

The next day after the patient was in my office she visited the city of Greenville, and was examined by two physicians, with the same results as I had obtained. A few days after this last examination I was hastily sent for to see the case. I found the patient in labor. On making digital examination, found the os opening, but could find no membrane protruding. After waiting half an hour, examined the case again. Found os open, and head presenting. As the head was soft and small, I grasped it with my fingers and delivered it, causing the mother but slight pain. It was dark, measured five inches, and well preserved, save the mottled condition of the skin. There was no membrane, nor any signs of any liquor amnii. On examination, found membrane protruding; ruptured the sac and there was a gush

of water—more than I had ever witnessed in any case. A second child. This last one measured about eight inches, gasped a few times and expired. There was nothing abnormal about it.

Slight traction on the cord, kneading the abdomen, and giving ergot, with cold applications, failing to remove the placenta, I introduced my hand, and, to my horror, I found that I was dealing with an adhered placenta. So complete was the adhesion that it was with the greatest of difficulty that I could make out the placental from the uterine tissues. With the ends of my fingers I peeled off all the placental mass that I could. By cold applications and the use of ergot, and grasping the uterus with the hand through the abdominal walls, I obtained good contractions. There was but little hemorrhage. The patient's temperature on the third day registered 102° F. The treatment consisted of perfect cleanliness, quinine, and opium or morphine, light diet, and quiet of body and mind. I used no intra-uterine or vaginal injection, as the discharges were not offensive. The patient at this writing is in apparent good health.

(Query.) Was there any membrane with the first child? If so, what had become of it? There was no liquor amnii, nor any membranes that I could discover.

ART. XXXVII.—Face Presentations.—By G. A. Rowz, M. D.

Every medical student is familiar with the different normal positions of a presenting fetal head—if not from experience, from the descriptions given in books. Position, however, means one thing, and presentation means another. Any part of a child may present in labor, but the head is the only part that takes definite positions. Obstetricians describe six or more normal positions of the head, the locality and direction of the occiput indicating the position. There is not a very great deal of practical benefit to be derived from a description of more than two positions, but no harm can come from a thorough knowledge of all of them. The *important* thing to learn is whether the occiput looks forwards or backwards; so far as pointing to the right or left side is concerned it has no special bearing on the labor, except that it indicates the probable direction in which rotation will take place. It is not always an easy matter to determine

the exact position of the head, whether it be left or right occipito anterior or posterior; and I dare say many children are born with the particular position unknown to the accoucheur. It makes very little difference indeed whether the exact position is known or not before the head reaches the brim of the pelvic basin, so long as it is known that the occiput presents. The accoucheur is little concerned, as a rule, when he finds the occiput presenting either anteriorly or posteriorly, for he has reason to expect that, unless the child's head is too large for the maternal outlet, or some accident occurs, the labor will be a natural one. There is every reason, however, why the physician should endeavor to ascertain the position and presentation before the presenting part engages in the upper strait, if any wrong is found, for after labor is well advanced it is more difficult to correct a wrong than in the earlier stages. I presume to say that, next to arm presentations, face presentations interest the physician most.

Whenever a presenting face is discovered, it is highly necessary that the discovery be made early, so that it may be rectified, if possible. Before labor is well advanced, it is sometimes difficult to determine a face from a breast presentation, or a monstrosity. The pugged nose feels very much like a pointed coccyx, or the uneven bones of a misshaped head; but by sweeping the fingers about in different directions the eyebrows, eyes, mouth and chin can generally be felt. The exact cause of face presentations is not known, but it is my opinion that they depend upon an excess of amniotic fluid, or the manner in which it escapes. Too much liquor amnii may float the chin away from the breast early in labor, or even before it begins, but I take it to be rare that a true face presentation occurs until after the escape of the waters. The third and fourth, or the occipito-posterior right and left positions, are the ones generally converted into face presentations by the speedy or sudden discharge of the amniotic fluids. It is not easy to explain why this is so, unless it is because the resistance of the perineal body is less than that of the abdominal walls, or because the occiput locks upon the perineum, which acts as a fulcrum, and the force of uterine contractions is greater in the direction of the meato-

occipital diameter than in the fronto-occipital. At every contraction of the uterus then, the chin is forced further away from the breast until the entire face presents. Uterine expulsive force is not concentrated primarily in the direction of the longitudinal diameter of the uterus, but in a circular direction. The result of the combined force of contraction of the circular muscular fibers is that of forcing the fetus in the direction of the least resistance, which is first towards the centre of the uterine cavity, and finally towards the cervix. Dilatation of the cervix is occasioned by *exhaustion* of the circular muscular fibers of the neck, due to the prolonged pressure of the fetal head. Only a very few muscular fibers of the second coat of the uterus run longitudinally, or in the direction of the long diameter of the uterus, whilst almost all the fibers of the first and third layers are arranged circularly. However, since the cause of these cases can not easily be remedied, even though we did know it, it is of greater importance to know how to handle them when found. The manner in which they are to be treated depends largely upon circumstances. Sometimes, indeed, they rectify themselves, and during the process of rotation they may be converted into vertex presentations; or, if the woman has a capacious pelvis and vagina, the child may be born face first. If we see the case early, the question of turning suggests itself. I do not think it always advisable to attempt to turn in these cases, not only because it is quite difficult to accomplish, but because delivery can generally be effected in the natural way, either by manipulation or forceps. If it is decided not to attempt to turn, one of three things may be done: first, let the child alone, and permit the face to precede; second, attempt to return the chin to the breast; third, seek to get the chin beneath the pubic arch. If there is reason to believe the child's head can pass through the straits, it may be left to nature to do the work. In order to determine this point with any degree of accuracy requires instruments of measurement which few physicians have; but an approximate idea may be formed by measurement with the fingers, which is faulty at best. The second object may be accomplished if the case is not seen too late, if the head is not impacted in the pelvic cavity. During a pain the forehead is to

be pressed upwards with one or two fingers, keeping up the pressure until the chin again rests upon the breast. If flexion cannot be secured, the attempt should then be made to bring the chin under the pubic arch. This requires a good deal of force, and, with the exact relation of the chin and pubis in mind, effort should be made to have the occipito-mental diameter of the child's head take the direction of the pubo-sacral or oblique diameter of the maternal pelvis. One or two fingers should be hooked over the chin, and a steady, strong pull made in the direction of the pubic curve. The fingers may slip off, but if they do, take a new hold, and keep up pulling during each pain. If the fingers cannot be made to hold on to the chin, force them into the child's mouth, and make traction upon the gums. Too much force must not be applied to the gums, for fear of dislocating the jaw, yet that accident is not likely to occur. If any of the foregoing objects can not be accomplished by nature or manipulation, apply the forceps and deliver. It must not be inferred from what has been said that the use of the forceps must be long delayed if the mother is threatened with any dangers; but, on the other hand, they are to be used as early as possible. If convulsions, flooding, or exhaustion occurs, apply the forceps at once and deliver. The danger of perineal rupture increases with the use of forceps, not only in face presentations, but in any other in which they are used. I can not agree with some authors and writers who contend that the use of forceps lessens the tendency to perineal laceration. However, since the perineum is likely to tear in face presentations, with or without the use of forceps, we should not let that fact influence us. A torn perineum can easily be closed up, and it will get well anyhow.

When the physician encounters a case of face presentation, he should always tell the husband or friends the nature of it, and what the sequels are likely to be. If they are told that she is liable to have convulsions, that the vagina and perineum are liable to be considerably torn, that she will probably have a *hard time*, they will not be astonished if an accident occurs; whilst if he should be fortunate enough to prevent any serious event, he will acquire an especial amount of fame as an accoucheur. It will advertise him well; and in these times of

professional environments, in which the physician has so few opportunities to advertise himself, he is justified in keeping the fact before them that only the *skillful hand* can accomplish such happy results.

Notwithstanding that these cases are always fraught with more or less danger, the physician should be particularly careful not to manifest any alarm or uneasiness. It is wonderful what assurance it affords patients to see that the doctor is not frightened at the state of things. When the neighbor women learn that *something is wrong*, they will tip-toe about the rooms and whisper to one another, with long sorrowful faces, and about the only part of the conversation the patient can catch is, "it's too bad; I feel so sorry for her poor husband." These subdued conversations are intended to greatly alarm the patient, and cause her to imagine all sorts of terrors, and even to have the effect of checking all labor pains. The physician should not permit such conduct in the lying-in room, but assure the friends that the worst will probably be escaped, and that the *husband generally gets through all right*. In a recent case of this kind, in which I was called to render professional services, I am sure that my composure was the only thing that kept me from being discharged. The pains were peculiarly weak and aggravating for the first eight hours, and the husband and friends were greatly excited and wanted to send for the priest. When they saw how apparently unconcerned I was, and when I told them not to act foolishly, their fears were greatly allayed. After the woman was safely delivered of an eleven and a half pound baby, they were profuse with blessings and thanks. However, I do not always depend too much on the sincerity of an Irishman's praise until he has paid his bill.

ART. XXXVIII.—The Amount of Vaccination Necessary.—

BY HENRY REYNOLDS, M. D., AUBURN, MAINE.

The prevalence of small-pox in various parts of the country will cause many persons to seek protection from it by vaccination, and it is important that vaccination be properly performed. The first vaccination is especially important, as it often happens that after one vaccination which "took," as it is termed, it is

difficult subsequently to effectually vaccinate, although the appearance of the cicatrix or cicatrices left by the first vaccination makes it probable that the system is only imperfectly protected. In vaccinating a person for the first time, it is important to insert the virus in several places, or upon a sufficiently large surface to insure full protection. Some practitioners say that the insertion of the virus in one small place, if it only "takes," is as effectual as it would be if inserted in more places, or on a greater extent of surface. Observations made by Drs. Seaton and Buchanan, during the epidemic of small-pox in London in 1863, showed that the degree of protection afforded by vaccination was to some extent proportioned to the number of vaccine cicatrices which the persons had. Observations were made upon 50,000 school children (see *Reynolds' System of Medicine*, vol. i., p. 169, Am. ed.), and the following table was constructed to show the proportion of children in 1,000 of each class who were marked with small-pox:

a. Having one vaccine cicatrix	-	-	-	-	6.80
b. Having two vaccine cicatrices	-	-	-	-	2.49
c. Having three vaccine cicatrices	-	-	-	-	1.42
d. Having four or more vaccine cicatrices	-	-	-	-	0.67

These figures show that four or more vaccine cicatrices were ten times as protective as only one, which is a very important matter to bear in mind when vaccinating, to insure full protection from the small-pox. It was also found by the same physicians that those vaccine marks which were most distinct afforded the best protection. Dr. Seaton says: "On taking the returns, it appeared that of children having four or more perfect vaccine marks only 0.62 per thousand had any trace of small-pox, while of those who had a single bad mark of vaccination 19 per thousand were scarred by small-pox. As against small-pox, therefore, of such extent as to leave any traces, the best vaccination had been upwards of thirty times as protective as the worst."

In view of these considerations, will it not be advisable for physicians, in performing vaccination, to insert the virus in four or five places, instead of one or two as at present practiced by many? Certainly no harm can come of it, and there is, to say

the least, a strong probability that a greater degree of protection against small-pox will thereby be obtained. Especially is this desirable in first vaccinations, in order to secure as full protection as possible. These thoughts are suggested at this time for the consideration of the profession.

ABSTRACTS.

Brief Notes on the Treatment of Acute Coryza.—BY SOLOMON SOLIS-COHEN, A. M., M. D.

It is related of a celebrated French physician that, when asked how he treated a cold in the head, he replied, "With contempt." That some colds may be safely treated in this manner, universal experience will testify. That many attacks of acute coryza cause pain and distress sufficient to demand the best efforts of the physician for their relief, must be not alone within the observation, but among the personal experiences of all. The writer has had occasion to test the methods here related upon his own person, and can, therefore, speak with a realizing sense of the relief afforded from annoying symptoms. The property possessed by belladonna, of checking secretion from mucous surfaces, long ago suggested the employment of this drug in acute coryza. I have, however, been unable to find any reference to it in the treatises of Mackenzie or Bosworth, the most recent works published in the vernacular upon the special subject of diseases of the upper air passages.

Dr. Beverley Robinson, of New York, speaks highly of the local use of a powder of belladonna leaves, morphine sulphate, and acacia, but does not mention the internal administration of the drug. J. Solis-Cohen alludes favorably to the use of the tincture of belladonna in doses of twenty minims. M. Gentilhomme reports that he has succeeded in arresting the disease in several bad cases, attended with abundant secretion, fever, and embarrassment of respiration, by the use of atropine sulphate in doses of one-half milligramme, given at the commencement of the inflammatory period. My own experience with atropine has been equally fortunate. It must be given early in the attack,

and when so given is veritably abortive in nine cases out of ten. I have tried several methods of administration, employing granules and triturations of 1-100th and 1-120th gr., and a solution of one grain of the salt to the ounce of water, of which the usual dose is four minims (1-120th gr.). The latter method is preferable with patients upon whose discretion we can fully rely, and to whom we feel no hesitation in intrusting a prescription for a poisonous drug. With other individuals it is safer practice to hand the patient three or four triturations or granules of the dose desired, writing explicit directions as to their use upon the envelope containing them. The manner of using the remedy which has proved most efficacious is to administer 1-120th grain at the first interview (if this be on the first or second day of the attack), and to repeat the dose in four hours, provided there be no dryness of the throat. The rule for the third dose is the same; dryness of the throat or dilatation of the pupils being the indication to stop the remedy.

When a case is seen during the first twenty-four hours, two doses will often bring the affection under such complete control that the patient does not resort to any further medication. Secretion of thick, yellowish mucus, requiring the occasional use of the handkerchief, will, however, persist for about a week, but there is, ordinarily, no embarrassment to breathing. Sometimes it is necessary to repeat the dosage in the same manner on the following day, the indication being the renewal of watery discharge, suffusion of the eyes, and more or less "stuffiness" of the nose. In order to secure the full therapeutic benefit of the atropine in severe cases, it must be pushed until the physiological effect is produced; that is, dryness of the throat and dilatation of the pupil. One patient complained of the former symptom, that it was worse than the disease. In one case, 1-16th gr. of pilocarpine hydrochlorate was administered by the mouth, with the effect of relieving the unpleasant sensations. Ordinarily, however, the dryness is readily overcome by allowing a few pellets of ice to melt in the mouth, or by rinsing the mouth from time to time with cold water.

More recently the effect of cocaine in emptying the engorged venous sinuses of the nasal mucous membrane, first prominently

called to professional attention by Dr. Bosworth, has led to its employment in the treatment of acute coryza. While the relief is almost immediate, even in cases where there has been great obstruction to breathing, the effect passes away in from two to three hours, and the drug is too expensive to use as often as may be necessary. I have found the fluid extract of erythroxylon to be equally efficacious, if instilled into the nose in sufficient quantity. The alcohol of the fluid extract is, however, objectionable, producing considerable smarting. An effusion can be made of equal strength by the addition of a small quantity of glycerin, and by this means we get rid of all unpleasant effects not inseparable from the drug. The employment of a preparation of coca will give excellent results in connection with the atropine treatment. The patient is given a glass "dropper" slightly curved at the end, such as is used by oculists, and instructed to flood the nose with the infusion of coca whenever it becomes "stopped up." He is directed to draw the medicine back into the throat, in order to make sure of reaching the posterior ends of the turbinated bodies.

While not denying the advantage of the good old methods of treating acute coryza with Dover's powder, foot-baths, etc., I am convinced that the plan above described, namely, small doses of atropine pushed to the point of physiological effect, with local use of cocaine or infusion of coca, will be found the most convenient and effective for the majority of cases. Like everything else, even quinine, it will sometimes fail. In one case of acute coryza I tried pilocarpine, producing but slight perspiration, but apparently curing the cold. As my experience is limited to this one case, which may be an example of *post hoc*, and not *propter hoc*, I do not claim anything for the treatment. In all cases, however treated, a brisk saline cathartic administered at the outset is found of the greatest advantage.

Where cases are seen too late to employ atropine with advantage, good results have sometimes been obtained from ammonium salicylate in doses of ten to fifteen grains, repeated every second hour until *linnitus aurium* is produced. Salicin, salicylic acid, and sodium salicylate have not seemed to be equally efficacious with the ammonium salt.

In a few cases of influenza, in which the coryza has been quite severe, in some of which there has been much conjunctival distress, and in all of which headache and lassitude have been marked, though the febrile symptoms have been mild, cinchonidine salicylate has apparently been of great benefit, while the infusion of erythroxyton has been of inestimable value in relieving the distress occasioned by the nasal symptoms.—*College and Clinical Record*.

Headache and other Reflex Nervous Troubles as the Result of Eye-Strain—with Six Illustrative Cases.—By A. R. BAKER, M. D.

CASE I.—Miss B——, aged twenty, was not able to read at night for several years. Left school on account of "weak" eyes. Never had any pain in the eyes, but had been an almost constant sufferer from frontal headache. Could not sew on striped goods, and walking behind a person with a striped dress always made her dizzy; and several times, when ironing striped material, she became so sick as to produce vomiting. She compared her feelings at such times to being sea-sick. She had compound hypermetropic astigmatism, and when corrected was entirely free from all her unpleasant sensations, and could read all night; as she expressed herself a year afterward.

CASE II.—Mr. E——, aged twenty-nine, principal, public schools, has been a sufferer from periodical headaches for ten or fifteen years, returning regularly two or three times a month. During vacations he was free from headaches, unless he attempted to read, which he avoided as much as possible. Attacks were so severe as to incapacitate him from work for two or three days, and he would have been compelled to resign his position, if it were not that his headaches usually commenced on Fridays, and he was able to return to his work on Mondays. The only way in which he could get relief from the intolerable pain was from the hypodermic use of morphia. The quantity had gradually been increased, until several grains were required, and as the result his bowels and digestive apparatus were always in a bad condition. Since being corrected for a high degree of hypermetropic astigmatism he has not had a single attack of headache, a period of almost two years.

CASE III.—Fred. A——, aged nine, never had any trouble with his eyes, until, after an attack of measles, he was suddenly taken with what he was pleased to call “blinking,” and was not able to read, and was compelled to leave school. Upon every effort to read, there was a spasmodic opening and closing of the lids, almost choreic in character. Eyes water, and feel weak and somewhat sensitive to light, but no pain in head or eyes. There was about 1 D. of hypermetropia, and when corrected he was able to return to school and do his work with no further trouble. Several attempts have been made to get along without the use of the spectacles, each time with a return of the “blinking.”

CASE IV.—Frank W——, aged twelve, ever since he had measles, six or eight years ago, has had trouble with lid margins. They are red, lashes gone in places, at others matted together in pencils. Margins of lids scaly, with small scabs scattered irregularly, covering small ulcers; lids slightly everted, showing a little of the conjunctiva, giving the eyes a red, unpleasant appearance. The boy has been under almost constant treatment for years, sometimes better, sometimes worse, but never any permanent improvement. I suspected hypermetropia at once, but from a hasty examination without atropia I failed to discover any. After treating the case unsuccessfully for some time, I paralyzed the accommodation thoroughly with atropia, and unmasked 1 D. of latent hypermetropia. I gave him a pair of spectacles, with instructions to wear them constantly. At the end of one month, with no other treatment, the lids were looking quite well, and in two months they were perfectly well.

CASE V.—Master Willie P——, aged six, brought to me two years ago with convergent strabismus. I corrected his hypermetropia fully, with suitable spectacles; in a few days his eyes became straight, and have continued so up to the present time.

CASE VI.—Miss Alice K——, aged fourteen; since a child the hair on the top of her head has never grown over half an inch in length. It is coarse, hard and curly, ends broken and split; looks very much like the hair of a negro. On the back part of the neck the hair is fine and glossy, and would grow several feet in length. Family history good; general condition good. The

skin is apparently healthy, and no cause could be assigned for the condition of her hair. She had consulted leading dermatologists, both at home and abroad, and undergone treatment externally and internally, from physicians, regular, irregular and defective. She has suffered at times severely from headaches, but in other respects has always been healthy. I was consulted on account of her eyes giving her some trouble in school during the winter. Eyes tired easily, and suffered more than usual from headache. I found she was hypermetropic, and prescribed glasses accordingly. As I expected, she was freed from headache, but I was somewhat surprised to learn that her hair commenced growing at once; at present it is fine and glossy, reaching to her waist, and no difference is to be noted between that on the top of her head and elsewhere.

Whatever theory we may maintain with regard to the relation of the sympathetic to the cerebro-spinal nervous system, and the influence one exerts upon the other, the well-known experiments of Claude Bernard, of dividing a branch of the sympathetic, is known to excite a very decided influence upon the circulation, calorification, secretion and nutrition of the parts to which it is distributed; while exciting the same nerve by the galvanic current or otherwise produces a series of phenomena exactly the opposite. From these well-known considerations, as well as from the clinical observation of reflex nervous troubles in various organs distant from the source of irritation, such as the vomiting of pregnancy, pain in the knee from morbus coxarius, pain in the penis from the irritation of stone, supraorbital neuralgia as the result of dental irritation, cough as the result of a plug of wax in the ear, etc., it can be easily understood how the constant irritation produced by the incessant eye-strain, as the result of hypermetropia or astigmatism, might cause the intense headaches, the dizziness and sickness of the stomach, the reflex nervous disturbances of almost every organ, and even the disturbance of nutrition which prevented the growth of hair, as in Case VI.

The sickness at the stomach and dizziness I have found quite a frequent complaint in astigmatism, usually accompanied with more or less headache. One case I remember fitting with spectacles some years since, said that even the mention of a barber's pole made him feel uncomfortable about the pit of his stomach.

The patient's comparison of her sensation with that of sea-sickness was very *apropos*, as the cause in both cases is similar. One of the principal causes of sea-sickness is the constant effort required to accommodate the eye to constantly changing distances; the same is true of riding on the railroad, swinging, etc.

In cases of refractive error the pain very frequently is not referred to the eye itself. In fact I think it is rather exceptional where such is the case. Pain is usually complained of either in the frontal region, temples, or back of the neck. Dr. S. Weir Mitchell, in an article in the *AMERICAN MEDICAL JOURNAL*, 1874, says, "that while there may be no pain or sense of fatigue in the eye, the strain is interpreted solely by the occipital or frontal headache." The patient when interrogated will usually say that the eyes are "weak," and "blur," and get "tired" easily, but seldom associate their headache with their eyes. It is not to be imagined that every headache is the result of error of refraction; no more than that every case of infantile convulsions is due to an elongated prepuce. But when no other cause can be discovered, *every case of headache should be examined carefully for errors of refraction*. The accommodation should be thoroughly paralyzed with atropia, as the hypermetropia may be latent, as in Case IV., and not be discovered by the use of test-types. It is not unusual to meet hypermetropes wearing concave lenses fitted by opticians.

Cases of blepharitis marginalis are met with daily as the result of refractive troubles in ophthalmic practice. I usually recognize cases of hypermetropia in children as soon as they enter the consultation-room, from the condition of the margins of the lids, especially in dispensary practice, where strict attention to washing off the scales is not observed. If this constant eye-strain produces such marked changes on the lids, what must be the result on the eye itself?

Convergent strabismus is the result of hypermetropia, and could be prevented if glasses were fitted and worn early enough. Children four years of age will wear spectacles without trouble. The benefit to be gained from wearing spectacles early is not only the avoidance of an operation, which is a secondary matter, but it preserves binocular vision, which is of very great importance.

A Shocking Child-Bed Chamber.

The following was addressed to the *Medical World*:

As I wish to impress a lesson on the youthful practitioner who may read this item, I have permitted my pen to head this article as above.

And so it was to me, at least. I had been educated by a hard "old-school calomel-and-jalap" doctor; I had the hard old-school diploma; and had had twelve years of regular "the medical profession" practice, when Dr. John Smith, two-hundredth-trituration M. D., called on me and said: "Mrs. Clara Money-bags, wife of General Rifled-Gun-Shot, of the United States Army, expects to be confined in a day or two. I cannot allow her to be in any peril, and have concluded to ask you to be counsel in the case, if your exclusive New York State code will permit you to consult with us practitioners, as highly educated as yourselves."

As some of us had then determined to break down "The Code" in this State, as we have since done to the disgust of the American Association, I consented to be counsel.

The beautiful woman lay in her splendid mansion, and in a very exhausted state; the child was born, the lady lying composed, but as I thought in a dangerous state. I suggested brandy. Dr. Two-hundredth-trituration shook his head, but did not whisper even. I suggested hot water, ergot and other expedients. He replied in the lowest audible whisper, "meddlesome midwifery."

I examined the vagina and uterus for hemorrhage; there was none. He then smoothed the clothes about the mother's person, aided by the experienced nurse, took a spoon and counted ten drops of the first decimal dilution of ergot, and without a word presented it to her lips in a spoonful of water. She swallowed it with unmoved head. He motioned silence to the nurse, and motioned the husband out of the room; he whispered "quiet, sleep, now," and we too left the room. The room was so still that the breathing of the nurse was audible.

We descended the stairs to the parlor, where the two-hundredth dilution doctor said: "All is right; I shall give her the purest ice water, have perfect stillness, rest and recovery."

Away had gone brandy, bandage and all else that had kept me so busy as a fussing old-school doctor.

There was to be no food administered for thirty hours except a tablespoonful of milk in a little water; no morphine, no hypodermics; nothing but stillness, rest, cheerfulness, hope, peacefulness!—these so marked that the very walls of the house were participants in the wonderful spell of quietude.

We called the next day at ten A. M. The woman smiled, was stronger and wonderfully better, and recovered, by water, perfectly pure milk and water, care, and not a two-hundredth or eight-hundredth dilution, nor a sugar pellet.

All I can say is, I was "shocked" that a feeble, thread-like pulse, and exhaustion to incipient death, needed only silence, rest and cheerfulness to recover. Certainly she had not that pale, ghastly, sweating, brandy-and-whisky countenance that we all see on the sick bed; nor the nausea of the morphine and hypodermic syringe; nor the ghastly effects of cathartics; nor any puerperal fever; no anything, but a splendid getting along and recovery.

And this we call "irregular," "ignorance," "unskilled practice," not to be countenanced nor to be met in consultation by *us medical gentlemen*.

It has, at least, this lesson: that the medical profession is advancing to the medical truths; that neither in health nor in sickness is alcohol of the least use whatsoever; that the sooner we abandon alcoholic preparations of all kinds, the better; that we often injure, by opiates, the natural rest that would, under proper conditions, be better than all we could do by morphine; that our medicines are often useless; that we can implicitly trust nature, and had better do it far more than we are accustomed to do; that the shock of child-birth, fractures, railway and runaway vehicle accidents are better treated by quietude and milk and water than by stimulants and medicines; that, even if we ignore and despise the homœopathist, they are in many cases educated and skillful men, and have demonstrated ably some of the finest methods of management of the last fifteen years; that "The Code," as it is called, in the end must go, and all educated practitioners be treated as gentlemen, equal to us who are of the regular and older school.

I never expect to be a homœopathist, but I will not blind my eyes to anything that is good in itself. This "shocking child-bed," and its singularly happy result in bounding health without a mishap, has saved myself and my patients very much "meddlesome midwifery," as well as much morphine, quinine, and the use of my hypodermic syringe, in cases of shock, depression and accidents.

ITHACA, N. Y.

S. J. PARKER, M. D.

[This fellow is turning Eclectic.—EDITOR.]

On the Retention of the Liquor Amnii as a Cause of Difficult Labor.*

When I was appointed to the chairmanship of the Bureau of Obstetrics, at your last meeting, I accepted the position, and was proud of the honor conferred upon me. But I found that prior engagements, and my visit of two months to Florida, would not allow me to manage the Bureau as thoroughly as I thought it ought to be.

I therefore asked Dr. L. C. Grosvenor to accept my place, which he kindly consented to do.

This much as an apology, and to explain my seeming declination of the honor.

The subject which I have chosen is one which has greatly interested me. It is a practical one, and concerns in a special manner the lying-in patients under our care.

Many years ago, during the early years of my practice, I had a very annoying case of difficult labor.

A delicate woman, the mother of two children—the youngest six years of age—was taken in labor about midnight. On my first examination, the os was dilated about the size of half a dollar, and appeared soft and yielding. The labor seemed to progress well enough for several hours, but I observed that no protrusion of the bag of waters occurred. The pains were very strong and regular. After about eight hours, I observed that although the os was fully dilated, no progress was made. The position of the head was not abnormal, but remained at the superior strait. The pains now became violent, spasmodic, and the patient

*Read before the Illinois Medical Association, at Peoria, June, 1885.

screamed in her agony that she would surely die from the violence of the pain unless some relief was given her.

It occurred to me that if the membranes were ruptured it would give her relief. But this, I found, was difficult to accomplish. However, I managed, during an interval between the pains, to push the head up violently, when a small bag of waters came down. This I forcibly ruptured with my finger nail, when a torrent of water was expelled, the head came down rapidly, and the child was expelled with a few pains.

On my return to my office I consulted Meiggs, Churchill and other authorities, but could find no similar case, or any mention of such a retardation of labor, or the means of its removal. But in studying the physiology of labor, it occurred to me that the retention of a large quantity of water would result in one of two conditions, namely: *spasmodic, agonizing pains*, or *paralysis of the uterus*. Of the methods of relief there were evidently two—rupture of the membranes, or delivery by the forceps. Several years passed before I encountered another case of dystochia due to retention of the waters.

A young woman, the mother of a child six years of age, was taken in labor in the night. I found the same conditions as in the above case, but after ten hours of violent pain, with no protrusion of the bag, the pain suddenly ceased, and alarming symptoms, similar to fainting or collapse, set in. I feared concealed hæmorrhage or rupture of the uterus. Hastily applying my long forceps to the head above the brim, and just as I was about to make a traction, I was deluged by an enormous rush of water, and, unaided by the forceps, a violent expulsive pain came on, which nearly expelled the child before I could remove the instrument.

These two cases will illustrate the two conditions mentioned above, namely: violent uterine spasms, and uterine paralysis.

Now let us consider what is the cause of this abnormal retention of the liquor amnii. I can think of but one, and that is a *sudden* sinking or propulsion of the head against the os—so sudden that the membranes have no time to form a “bag,” and so tightly that no water can force its way between the head and the uterine walls. This pressure of the head must be nearly con-

tinuous, and some cause must prevent the *receding* of the head during the intervals between the pains.

The treatment of such cases is evident: (1) We must rupture the membranes, so as to allow the uterus to force the head through the os. This can only be done by forcibly pushing up the head during an interval between the pains, and allow the bag of water to form. Then we can rupture them by tearing. Or (2) we must apply the forceps and extract the head.

But there are cases when we cannot push up the head, because it has already become firmly engaged, or become impacted in the soft parts. Here we must employ the forceps, and in extracting the child we should be cautious, and not empty the uterus too rapidly, or we shall cause syncope which may be fatal.

In my second case, the alarming symptoms were caused by "shock" and simulated rupture of the uterus; and the woman would doubtless have died, had I not ruptured the membranes when applying the forceps.

There is another condition which may cause protracted labor with uterine spasms or paralysis, and in which we may find a protruding "bag," which remains too long unbroken. This is due to a *toughness* of the membranes, so thick and tough that no amount of pressure will break them. We shall be obliged to use a bistoury or lancet. And after we have done this, only the small quantity in the "bag" will escape; the waters in the fundus of the uterus still remain, and the only measure is to use the forceps.

Now, doubtless many, if not all, of you have met with similar cases, and your own intuitions have devised similar measures of relief.

But is it not strange that the recognized authorities on obstetrics do not mention these causes of protracted labor?

I have consulted the works of our own school—Guernsey, Marsden, Leavitt, and the authorities of other schools—Lusk, Churchill, Scanzoni, Barnes, and others, and I cannot find more than mere allusion to this subject.

I hope that this Bureau will in future take up this matter, and report cases and any new methods of treatment, in order that the younger and inexperienced may derive some benefit from our investigations.

E. M. HALE, M. D.

Electrolysis in Dermatological Practice.

Removal of Superfluous Hairs.—Electrolysis has been most frequently used for the permanent removal of superfluous hairs. In addition to the appliances to be presently mentioned, the operator who attempts to treat a case of hirsuties by this method needs a steady hand, clear vision, and, above all, an abundant stock of patience. Without these three requisites, no one should undertake the treatment of such cases.

The battery used should furnish an evenly-acting current of moderate power. I have used both the Fleming and McIntosh batteries with comfort and with satisfactory results. For the last two years I have employed the latter exclusively, using a current of from six to twelve cells.

The electrodes consist of one ordinary sponge electrode, attached to the positive pole and held in the patient's hand. This is used to make and break the circuit. The electrode attached to the negative pole consists of a fine needle in an insulated handle. The handle I now use is of wood, with a brass rod passing through its centre, and small binding screws at each end, for the purpose of holding the needle and of fastening the handle to the conducting wire-cord. The handle is made pretty thick, so as to enable it to be held firmly. A very thin ivory handle, which I formerly used, cannot be held as steadily as the thicker one.

The best needle I have used is one made by A. M. Leslie & Co., of St. Louis. It is made of a composition of platinum and iridium, is very fine, smooth and flexible, and does not break easily. I have tried the finest obtainable steel needles and dentists' and jewelers' "bristles," but with less satisfaction than the platinum-iridium needle referred to.

A chair with a head-rest—an ordinary dentist's or oculist's chair—is absolutely essential to steady the head of the patient during the operation. For the greater comfort of both operator and patient, a reclining chair which can be fixed at any angle is decidedly better.

To proceed with the operation: The patient is placed before a good light—avoiding direct sunlight, unless modified by frosted glass—and directed to take hold of the handle of the sponge

electrode, the sponge, of course, having been previously moistened. The operator then sits a little in front of and to the right of the patient, and takes the needle electrode in his right hand, holding a pair of tweezers with flat, narrow jaws in his left. The needle is then gently insinuated into a follicle by the side of the hair, until the bottom of the follicle is reached. This is manifested by a slight resistance to the onward passage of the needle. The patient is then directed to touch the sponge with the palm of the other hand, thus closing the circuit. The current will immediately pass, and the electrolytic action be made manifest by a little frothing around the needle. In some skins also a little wheal will be raised about the follicle. In from twenty to forty seconds the hair can be extracted with the tweezers without the slightest resistance or pain. If the hair does not come away with perfect ease, the papilla have not been destroyed, and the needle should be permitted to remain, and the current to pass a little longer. The current is broken by removing the hand from the sponge electrode. This gives less pain than if the current is closed and opened with the needle. If the hairs are very close together, they should not all be removed at the same time. The hairs should be picked out here and there; otherwise the points of irritation will be in too close proximity, and if sufficiently intense may produce small areas of sloughing and leave scars. If the operation is properly performed, no visible scars should remain.

A sitting may last from fifteen to thirty minutes. Very few operators can extend it beyond the latter time. The sittings may be repeated every other day, or, in cases where time is important, every day. After the operation, a lotion containing a drachm of oxide of zinc, and two drachms of glycerin, in two ounces of rose-water, should be applied. It covers the redness of the skin, and relieves the irritation, which is sometimes considerable.

The following brief notes are outlines of the cases in which I have used the electrolytic method:

CASE I.—My first case of hirsuties was in a lady, aged twenty-five, blonde, and a school-teacher by occupation. She was referred to me by my friend Dr. Wilmer Brinton, to whom she had

applied for relief. Her chin was covered with a pretty thick growth of stout hairs.

The patient was under treatment about six months, during which time I removed no less than fifteen hundred hairs. In this case I frequently applied a current of twelve to fifteen cells, which I am now convinced was too strong. It not only gives unnecessary pain, but is liable to produce some destruction of the perifollicular tissues and leave small scars. About one-third of the hairs returned after the first operation. The sittings were repeated at intervals, about thirty operations being required to complete the cure.

CASE II.—The second case was a married lady, brunette, 30 years of age. She had a truly formidable beard upon her chin. In addition, she had a very noticeable growth of hair upon her upper lip. The greater number of hairs were thick and black. These were removed with ease, few of them returning after the first operation. There was, however, quite a large number of long, fine, light-colored hairs, which gave considerable trouble on account of the difficulty of entering the follicle with the needle. This patient has been under treatment nearly two years, and during that time over three thousand hairs have been removed from her face. She still returns about once in every two months, for the purpose of having a few scattering hairs removed.

The destruction of the hairs under the chin in this case was especially difficult, on account of the tortuosity of the follicles, which rendered it almost impossible to reach the papilla with the point of the needle. The flexible needle of platinum and iridium rendered the process much easier, however, than it was at first, when I used a steel needle. The skin of this patient is exceedingly sensitive, and a current of eight cells is the extreme limit of strength which can be used with comfort.

CASE III.—This was a widow, blonde, aged 37. She had two small tufts of thick hairs growing on the chin. There were about fifty hairs, which were removed at one sitting. About fifteen returned, and were removed at a second sitting. Three months later she returned with five moderate-sized hairs, which were then destroyed. She has had no return of any growth for upwards of a year.

CASE IV.—A blonde, aged 20, who had a **very profuse** growth of fine, light-colored hair upon the chin and cheeks. The hairs **were difficult to remove**, and about thirty per cent. have returned. The patient has become discouraged, and discontinued the treatment, after the first series of sittings. About twelve hundred hairs were removed in this case.

CASE V.—A brunette, teacher, twenty-four years of age, referred to me by my friend, Dr. Charles F. Percivall. She had two very dark, pigmented nævi on the face, which were thickly covered with stout black hairs. The hairs were destroyed by electrolysis, and the nævi disappeared also, leaving a flexible, white, flat scar. There was no ulceration or suppuration following the operation, although the hairs were close together and all were removed at one sitting.

CASE VI.—This patient was a drug clerk, aged 23, who had a number of short, thick, black hairs growing upon the nose. In six sittings he was freed from this unwelcome growth. There is no evidence whatever of any scar upon the smooth integument covering the nose. The openings of the sebaceous glands seem to be entirely normal. In this case the follicles were wide and perfectly straight, and, as a consequence, little difficulty was to be met in destroying the hairs. A few of them returned, which were destroyed at subsequent sittings.

CASE VII.—A seamstress, brunette, 25 years of years. She had a pretty free growth of hair upon the chin, and a noticeable moustache. In this case, also, there were many of the long, fine, light hairs so troublesome to remove on account of the difficulty of getting the needle properly into the follicle. The patient is still under treatment, but the progress in her case is very encouraging, as only a small proportion of the hairs return.

Pigmented Nævi.—CASE VIII.—A medical student, aged 20, had several brown, elevated nævi upon the face. One about the size of a split pea, upon the upper lip, gave him considerable annoyance on account of the disfigurement it occasioned. The growth was transfixed by a fine steel needle (a jeweler's bristle), and the current from eight cells passed about a minute. The needle was then withdrawn, and inserted at right angles to the former puncture, and the current again passed. This pro-

cedure was adopted with all the other growths upon his face. On the following day each spot operated on was covered by a dry, brownish scab, which fell off on the third day. Two months after the operation, the site of the nævi could scarcely be discovered. Absolutely no cicatrix was produced.

CASE IX.—A young lady, teacher, light blonde, 19 years old. The patient had eight pigmented moles on the face, varying from one-eighth to one-fourth of an inch in diameter. Some of them were elevated, and others flat. Electrolysis, as in the last case, was perfectly successful in causing the disappearance of the blemishes after three sittings. No scars remain.

CASE X.—Mother of the preceding patient. She is 40 years of age, complexion dark. She had a prominent brownish mole at the tip of the nose, and two small patches of xanthoma on the upper eyelids. Electrolysis was used on all the growths. The mole disappeared after the first operation. In the xanthomatous growths the operation was repeated at the end of three weeks, with complete success. The patient exhibits no evidence of disease of the liver or other internal organ.

CASE XI.—This was also a case of small pigmented nævi upon the face of a young man, 21 years of age. One sitting resulted in the permanent removal of the blemishes.

Papillary and Epithelial New Formations.—CASE XII.—A young man, aged 23, with gonorrhœal warts situated on the corona glandis and on the mucus surface of the prepuce. They had been previously cut off with scissors, but had returned. Cauterization with nitric acid was proposed to him, but declined on account of the pain involved. Electrolysis was entirely effective in removing them in two sittings. The growths have not returned.

CASE XIII.—A professional friend, aged 50, with a branching, rapidly-growing wart on the upper lip. It was frequently irritated in shaving. Contemplating the possibility of the growth becoming malignant if subjected to constant irritation, he applied to me to have it removed. By means of electrolysis, the growth being transfixated by the needle in several directions, it was entirely destroyed in two sittings. No scar was left to mark the site of the growth. The pain was slight.

CASE XIV.—A man, aged 36, with a hard, flat wart upon the forefinger. It was removed by the same procedure, passing the needle through the skin under the growth. No ulceration or scar was produced.

Sebaceous Cysts.—CASE XV.—A medical man, aged 38, with an enlarged sebaceous follicle on the nose, which frequently became as large as a small pea. Two sittings, during which the needle was inserted into the gland-duct, as well as passed through the base of the little tumor in several directions, resulted in its total disappearance.

Dr. Hardaway speaks highly of this method in the treatment of the small retention-cysts called milium. It promises to be a valuable substitute for excision in the case of small wens, especially about the face.

CASE XVI.—An aggravated case of acne rosacea in a man, 36 years of age. The usual treatment was followed for the acne and the diffused redness of the skin. Visible vessels were pierced with the electrolytic needle and so obliterated. The patient, after obliteration of all the enlarged vessels, returned to his home in Nebraska much improved. In a letter recently received he asserts continual progress towards recovery.

CASE XVII.—A case of simple rosacea in a man aged 38 years. The enlarged veins were pierced in a number of places with the needle, and a current of six cells passed for two minutes. In most cases a single operation resulted in the obliteration of the veins. In some a second or even a third operation was necessary before the result could be pronounced a success.

Ingrowing Eyelashes.—I have had one case of this annoying trouble, in which the mal-directed hairs were destroyed by means of the electrolytic needle. In order to diminish the pain produced by the operation, I used a five-per-cent. solution of cocaine with success. I have on several occasions used the cocaine on the skin when removing the hairs from an especially sensitive area, such as the cheek and angle of the jaw, but without producing any noticeable reduction of the sensibility.

Vascular Nævi.—In the only case in which I had opportunity to try it, the success was only moderately good. Where these nævi are small, and especially in young children, careful ex-

cision, followed by a plastic operation, promises excellent results. In adults, however, electrolysis deserves a patient trial in the treatment of this deformity.

The above constitutes my experience with this method, which I believe is destined to prove its usefulness in a great many affections, of minor importance, perhaps, so far as their effect on the duration of life is concerned, but which nevertheless are very annoying to those who are afflicted with them. To many women the removal of a beard or other disfiguring blemish is of as much importance as the cure of a pneumonia or a chronic internal disease which may tend to shorten life.—*Rohe in Phila. Med. Times.*

The Treatment of Typhoid Fever.

The following include the main points in the treatment of typhoid fever recommended by Dr. J. M. Da Costa (*College and Clinical Record*, August 1, 1885):

1. **HYGIENIC.**—Place the patient in a large, well-ventilated room, so that he may get plenty of fresh air. Allow but one person (nurse) with him. Keep friends away. Enjoin cleanliness. Keep patient washed twice daily with vinegar and water, or a solution of permanganate of potassium. Disinfect the dejections with carbolic acid or chloride of zinc, etc.

Nourishment.—There are times when the patient is weakest, as in the early morning; this is the case in all low fevers. Nourish him every two hours with beef or mutton broths, alternating with milk. Other broths, as chicken, etc., may be used. If the patient craves for more solid food, allow him at the mid-day meal a little arrow-root boiled in milk, or a soft-boiled egg. Excepting these, allow no form of solid ailment until convalescence is completely established, and even then be careful. *Be sure to feed the patient between 4 A. M. and 5 A. M.*; even wake him at this time to feed him. Allow a liberal supply of water, or toast water, ginger-syrup and water, or claret and water. It will keep the kidneys washed out.

2. **MEDICAL TREATMENT.**—Different plans have been instituted:

1. Quinine, which has been justly abandoned.

2. The mercurial plan—calomel, gr. v–x. per diem, at the first stage of fever—said to modify the intensity of the fever process. Not an effective plan.

3. Carbolic acid, gtt. i–ij. in mint water every two hours. This remedy is not to be relied upon.

4. Iodine treatment, as Lugol's solution, gtt. ij. four times a day. This promises something good in the way of treatment.

5. The plan used by Dr. Bartholow in the following combination: *R.* Acid. carbolic., fʒi.; tinct. iodinii, fʒij. Dose, gtt. i–ij. every two or three hours. This is a good plan of treatment.

6. Dr. Da Costa's plan is by the use of mineral acids. Those that use this plan in Germany prefer sulphuric acid; in England, hydrochloric; in France, phosphoric; in America, nitro-hydrochloric acids. Of the last an ordinary prescription is gtt. xx. of the dilute acid in simple elixir. This will also control, to some extent, the diarrhœa.

Do nothing else if you can possibly get along without, but guard against complications, and treat them immediately as they arise.

The first prominent symptom to be noticed is the *diarrhœa*. If there are but three stools, unless they be unusually large, do nothing. If very profuse, give a little tinct. opii camphorata at night, or an opium suppository, gr. j. Should this fail, use: *R.* Bismuthi subnitrat., gr. x–xx.; opii, gr. ss–j. Every three hours. If this fails, try carbolic acid, gtt. j., with morphinæ sulph., every three hours. Often cupri sulph., gr. i–12th, with opium, gr. i–3rd, is very effective.

For the tympany, sold applications, or injections of vinegar, fʒj–ij. to water, Oj. Internally administer turpentine, gtt. viij., in emulsion, with morphine, gr. i–48th. Often strychnine is useful, but secondary to the above.

Thoracic Symptoms.—The pulmonary congestion occasions cough; the patient's position must therefore be changed frequently. If the patient is not too feeble, use dry cups. The internal use of turpentine is of avail when marked fever is associated with the congestion. Do not give expectorants. If there is a large accumulation of mucus, use aromatic spirits of ammonia.

Sustain the circulation by quinine in tonic doses, gr. vi-x., in the twenty-four hours, but alcohol is the best, in small doses, to keep up the heart's action. In the early morning increase the dose. Under stimulus the pulse of 150 should come down to 120 or 110. The first sound of the heart is the key to the amount required. From 4 to 10 ounces may be necessary. For nervous symptoms, as headache, delirium, etc., give opium with camphor or belladonna. Chloral is the most useful, but do not give it when the heart is weak.

For high fever, cold water is excellent. Put the patient in a bath until the temperature gets to 62°F. The tendency to intestinal hemorrhage is greater in this treatment than by quinine, which is next in importance, and should be given in doses of ℥j-3ss. in the day.

For intestinal hemorrhage, ergotin, gr. ij-vij., hypodermically, or f3j. fluid extract of ergot may be given every hour or two. Sulphuric acid is also useful. Opium, to keep the bowels at rest, is indispensable. Cut down milk and stimulus now.

Spreading tenderness (peritonitis). Tinct. opii deodorat., gtt. x. every hour, and gr. j. opium suppository at the same time. The suppository must not be repeated for four hours.

Should the patient have *parotiditis*, ice is the best treatment; also tinct. ferri chloridi, to enrich the blood.

For the *functional palsies* use strychnine.—*Therapeutic Gaz.*

Kennedy's Medical Discovery.

Formula: Sneezewort, 1 oz.; bitter root, 4 dr. Mix and add—boiling water, 8 fl.-oz.; proof spirits, 10 fl.-oz.; licorice root, 4 dr. Macerate for 48 hours, then add—white sugar, 4 oz.; tinct. gaultheria, 1 oz.—*Med. World.*

Dr. Pierce's Favorite Prescription.

Take of savin, 10 grams; agaric, 5 grams; cinnamon, 5 grams; Peruvian bark, 10 grams. Make a decoction of 220 grams, and add—gum arabic, 10 grams; sugar, 5 grams; tinct. of digitalis, 2 grams; tinct. of opium, 2 grams; oil of anise, 8 drops. The gum, sugar and oil to be dissolved in 45 grams of alcohol. One gram equals 15½ grains.—*Medical World.*

EDITORIAL.

The Eclectic Medical Society of Missouri.

As announced in our September issue, the next meeting of this society will be held in St. Louis, at 310 North Eleventh street, commencing on Tuesday, October 6th, at 10 o'clock A.M., and closing on the afternoon of the following day. It is urgently requested that we have a full meeting, and the time should suit everybody, for railroad fares will be reduced on account of the Fair and Exposition, and all attending the society will have an opportunity of visiting these shows also. But we desire to impress one thing upon the minds of those who come here to attend the State society, viz: Please first let us attend promptly and regularly all the sessions of the society, and render all the aid possible in making the meeting interesting and profitable, and then, on Thursday, the great day of the Fair and Exposition, everybody can go and take them all in. But whatever we do, we should not neglect the society work and run about over the city, to the Fair and Exposition, while the society meeting is in session. Nothing is more demoralizing than such behavior, and as we have business of importance, let us behave like business men while we have business on hand, and after this we can have plenty of time for amusements.

We sometimes think our physicians do not realize, to the fullest extent, the importance of this organization. We should know that upon it depends our existence as a distinct school of medicine, and unless we keep it up we shall be forced to affiliate with some other school. It is useless to talk about individual independence or dependence, for there is no longer any such thing in the practice of medicine. Physicians must be identified with reputable organizations, or depend upon them in some way, or they are counted out. And then there are numerous advantages in organization besides real necessity. But we all understand these, and earnestly hope that the physicians throughout the State will make it a point to attend this State meeting.

Coca.

Wm. R. Warner & Co. have gotten up a very neat little book containing the latest literature upon the coca subject. It is brief but pointed, and gives in substance the principal practical facts regarding the uses of this drug, as gathered from all reliable sources. Sent upon application to Wm. R. Warner & Co., Phila., Pa.

Living Without a Spleen.

Mrs. T. C. Thomson, of Wichita Falls, Texas, the lady whose spleen was extirpated a year ago last May, the account of which was given in detail in *THE AMERICAN MEDICAL JOURNAL*, is now in the city under our treatment for prolapsus uteri. She suffers no special inconvenience from the loss of the spleen. Her color is good, showing a good circulation of rich blood; the heart's action, regular; her appetite and digestion are excellent; she sleeps well, bowels slightly constipated, and menstruation as regular as a clock. Every organ in the body performs its function well, excepting that she is what we might call nervous, a condition that is partly natural and partly due to the prolapsus uteri. We believe the nervous phenomena due to the prolapsus uteri, rather than to the loss of the spleen, from the fact that she is fast recovering as the prolapsus grows better and is held in its natural position. Previous to the operation of splenectomy the uterus was forced to bear the burden of the spleen, which we regard as the cause of prolapsus uteri.

Mrs. T. suffers occasionally of headache, seemingly of a nervo-hyperæmic character. These attacks, however, were present previous to any diseased condition of the spleen, hence her headaches cannot be attributed to the loss of that organ. Y.

Ferran and the Microbe.

The microbial doctrine has been stunned by the exposé of Ferran's theory of inoculation with the so-called cholera virus. An American student has discovered that Ferran's cholera germ was made of elaterium and croton oil, which, when rubbed in, injected, and given internally in pill form, produced the so-called choleric symptoms. The medical profession, as well as common

people, in and around Valencia have been completely taken in by this fraud and quack. They have submitted almost without exception to the inoculation, not once only but twice, and in some cases three times. There is scarcely a doctor in Valencia who has not been inoculated. The consulting room and laboratory of Ferran were open every-day from 8 A. M. to 11 P. M., and two relays of three doctors at a time scarcely laid down their injecting syringes, so continuously was the throng of people to receive their inoculation. Ferran's assistants had their halls in different parts of the city. Of one of these places it is thus said: "More than 400 persons of both sexes were assembled there, with as many more in the street, all wishing to have two centimetres of anti-cholera preparation injected. The confusion was so great that it became necessary to call in the aid of the police to keep order amongst those who were to be operated on, as they kept on disputing with one another as to who should first be inoculated." From 3:50 to 7:00 o'clock P. M. 674 persons were inoculated. Thus Ferran has immortalized his name, but his fame will be passed down the ages as one of the great microbial quacks.

The germ theory affords a great field for this kind of imposition. The people as well as the majority of practicing physicians, like angels in the mystery of redemption, "are desirous of looking into," but their want of facilities deprives them of these advantages, and in the outcome we need not be surprised if much of the germ theory will finally come to grief. But little is yet known of the purpose and destiny of these germs. Investigations will probably show that disease may be produced independent of its particular microbe.

All nature has its scavengers. The unused garment is eaten with moth, and carrion is carried away by the maggot; "that which the palmer-worm hath left hath the locust eaten, and that which the locust hath left hath the canker-worm eaten, and that which the canker-worm hath left hath the caterpillar eaten." A fly or a mosquito, with pabular feet, may be the carriers of disease, but the pabulum may be impregnated with cadaveric alkaloids as well as the organic germs.

Germs may be either of animal or vegetable origin, and the

result of decomposition and ferment rather than the cause of such elements.

Prof. Meandra is now striving to cultivate a new breed of microbe, whose propensity shall be to penetrate the deep tissues of the human body without harm to human life, and to drag from their lairs all other microbes, regardless of their cries of distress, and put them to an open execution. If not put to death by the Meandra microbe, Dr. I. R. Black, in his "Ten Laws of Health," will explain "how to catch them on the wing, and how to impale them and render them tame and harmless." Thus all zymes are soon to be banished from the land, or tamed and kept as you would keep a pet rattlesnake.

How much better off will human life be without these little scavengers? It is said that every creature has a purpose in the economy of creation. Perhaps we do not understand the purpose of the bacillus. He may be the Major-general of a mighty host, giving the law of cleanliness to our cities and to all the world. Methinks I see him now with his vast army, ready to avenge his outraged rules. He laughs with scorn at the Sanitary Boards that are listening to the distant microbial drum, and hastening to clean up sewer and street ready for the battle.

Man, the nidus of this implacable foe, may, with his carbolic gun and his bi-chloride shot, cripple the innumerable host, but to exterminate the zymotic race thou shalt possess soap, towels and a bath tub, and thou shalt be clean, *scrupulously* clean.

We confess that we abhor the thought of two bodies occupying the same space at the same time, or, in other words, of micro-organisms creeping into our lungs, stomachs and intestines, and swimming in our blood; but perhaps Nature intended it to be so, and if so, we still have hope in that law, the "survival of the fittest." The better acquaintance I form with these mites the more I believe in their innocence. 'Tis true the dirty little things may deposit their debris where it bringeth death, like a little child who brings into its abode the mud upon its feet, but we are more fearful of the *cadaveric alkaloids* that spring from decomposed animal tissue.

The money, time and labor spent in hunting out these zymes may not be spent in vain, and the scientific world may be much

benefitted by the outlay, but it is possible that the microbial dogma will prove insufficient to explain the causes of all the so-called zymotic diseases, though medical men, as other folks, like to be humbugged, and to ride theory to death. Y.

Electricity in Medicine and Surgery.

We would invite special attention to the article commencing on page 456. We can verify all that this writer says, and would urge it upon those who have not already done so to qualify themselves for this line of practice. It is a pleasant, remunerative business, and is nearly always appreciated by those who receive treatment. Success is never without reward. By reading the announcement of the American Medical College, it will be found that electricity is one of the specialties taught in this institution.

The Present Aspect of the Allopathic Profession.

It seems that all is not peace and harmony in the Allopathic school. The American wing is much divided over the manner of receiving the International Medical Congress, which is to pitch its tent in Washington, in 1887.

The Seven Angels with their Golden Candlesticks, chosen by the Copenhagen Congress, are not altogether pleasing to the South and West, and the American Medical Association, in their meeting at New Orleans, sought to ignore the Copenhagen selections, by appointing new men to light the way. Now a brilliant illumination springs forth in the shape of a bitter quarrel, and it is impossible to determine the final results.

The politics of the American Association do not suit a very large and respectable branch of the regular doctors, and strong intimations are made of starting a new national society.

Owing to the unsettled state of affairs, it is altogether probable that the International will change its purpose, and not meet at all on American soil. This done, and the extinction of the American Medical Association is at hand. A very large share of the "regular" profession of this country have grown tired of an American institution with an autocratic government, and it will soon be numbered with the things that were. Y.

A Test for Life or Death.

A physician is sometimes called upon to settle the question whether a person is actually dead or alive. A person who dies suddenly will often be warm for some time after; some are found with a flush remaining on the cheeks; and some dead bodies have been known to exude large drops of sweat. A good test of life or death is to hold a lighted match or candle to the skin. If a spark of life exists, the skin will raise in a blister, with a collection of serum beneath; if death, the epithelium will raise, curl and crackle—there will be no serum, no blister.

Y.

How do Dead Bodies Turn in their Graves?

In the exhuming of dead bodies from the grave, the corpse is often found turned upon its face; a circumstance which many have taken as an evidence of the person having been buried alive. But it should be remembered that water sometimes fills the coffin, causing the remains to float and turn upon its face, then, sinking away, the body is left in this position.

Y.

The American Medical College.

Students and practitioners who desire to obtain a thorough, practical course of instruction should consider the advantages of this college. The coming session promises the most interesting and instructive course of lectures delivered since the organization, in 1873. The facilities were never so good as at present, and the class now on the register for the session is made up of excellent material. Let those who contemplate attending lectures the coming Fall and Winter make up their minds at once and embrace the opportunities of the early part of the session. The regular course commences October 5th. For announcements, or further information, address

Dr. GEO. C. PITZER,

1110 Chambers Street, St. Louis, Mo.

Notes.

—The portrait of Dr. L. E. Russell is presented in the August number of the *Advocate*. It is found under the head of "Homœopathic Selections." The editor, however, never in-

tended that the doctor should be taken after the law of similia; but the doctor liking *his* with sugar in it, we would rather think smaller doses would answer.

—A Homœopathic journal in the East carries at its head an extract from the Allopathic code of ethics, as follows:

“A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and ought to be the only acknowledged right of an individual to the exercise and honors of his profession.”

So say the Eclectics, and so say all. Now let our Allopathic brethren so amend the rest of their code as not to conflict with the genius of the above sentiment, and not be so tricky as to use the word “regular” out of its commonly accepted sense, and let us have peace.

—“The Physician Himself” is the title of a book written by Dr. Cat-hell. We suggest, after reading criticisms thereon by Dr. L. T. Beam, that the editor, in the next issue of this book, use the word “regular,” in the title, in the *irregular* sense in which that term is commonly used by that school; so as to read “The Regular Physician Himself;” or, better still, “The Selfishness of the Regular Physician.”

MISCELLANEOUS PARAGRAPHS.

Papine.

Dr. J. Williamson, of Ottumwa, Iowa, says: “I gave Papine to my wife, who is never able to take any of the various preparations of opium without suffering from narcotism to a degree that virtually excludes their use. Two or three drops of laudanum will affect her profoundly for at least twenty-four hours; she takes Papine, so as to get the anodyne effect, without suffering narcotism or getting an unpleasant effect in any way. I have tried it in a few other cases, and these where there was a known idiosyncrasy against opium or any of the common preparations; it has pleased me in all cases. I think it gives us a valuable anodyne, the best of all the preparations of opium for narcotic subjects.”

Prof. Albert Merrell's Book and the National Eclectic Medical Association.

ALTOONA, PENN., June 18, 1885.

On motion of Dr. Alexander Wilder:

Resolved, That the *Digest of Materia Medica and Pharmacy* prepared by Prof. Albert Merrell, M. D., under the direction and with the approval of the National Eclectic Medical Association, is hereby recommended to physicians and students in medicine as an invaluable manual and text-book in regard to all practical matters in remedial science; and that this Association would urge accordingly that it be given a conspicuous place in every medical library and widely circulated.

Resolved, That this Association respectfully ask Professor Merrell to consider the policy of publishing an edition of his work with such changes of title and statement in its pages as shall indicate unequivocally its place among the text-books of the American School of Eclectic Medicine, and entitled to favor accordingly.

A true copy from the journal.

A. WILDER, Secretary N. E. M. A.

The National Eclectic Medical Association.

The National Eclectic Medical Association will hold its Sixteenth Annual Meeting at Atlanta, Georgia, on the 16th, 17th and 18th of June, 1886.

Many of the most progressive and energetic physicians of the Northern States have already signified their purpose to attend, and the general sentiment in our ranks indicates that this will be the largest and most enthusiastic gathering known in the history of the Association. Every physician who believes professional training, and not mere partisan tests, should be the passport to professional standing is requested to coöperate.

The following local Committee of Arrangements has been designated: Prof. Wm. M. Durham, Prof. S. T. Biggers, A. D. Johnston, M. D., W. A. Smith, M. D., Wm. Fisher, M. D., M. C. Martin, M. D., W. H. Phillips, Esq., Geo. T. Ogle-tree, M. D.

Every auxiliary State society is entitled to fifteen delegates. These are in addition to the permanent members of the National Association. Each local society is likewise entitled to two dele-

gates; also the American Medical College, the Bennett Medical College, the California Medical College, the Eclectic Medical Institute, the Eclectic Medical College of the City of New York, the Georgia Eclectic Medical College, and the Indiana Eclectic Medical College. Every delegate must be a graduate in medicine, or a reputable practitioner for fifteen years, and is eligible as a candidate for permanent membership.

Blank certificates, for credentials of delegates, have been prepared by the Secretary, and will be issued, on application, to the Secretaries of auxiliary societies.

The Mutual Aid Society of the National Eclectic Medical Association has also been organized, and will hold its annual meeting on the 16th, first day of the National.

Application for reduced rates of fare on the several railway lines will be made at an early day, without doubt of compliance.

The physicians of the South are already awake, and will be present in force. For the first time the National Association, the representative of *American* Medicine, has appointed its annual meeting in a Southern State, and they welcome it fraternally.

Atlanta is one of the most healthful, prosperous and enterprising cities in the State of Georgia. Its summer temperature is many degrees cooler than that of St. Louis, Chicago, New York or Philadelphia. It is the home of Eclectic medicine in the South. We are invited thither, and assured of a royal reception.

H. B. PIPER, M. D.,

Tyrone, Penn., Sept. 1, 1885.

President.

For Stutterers.

A gentleman who stammered, from childhood almost up to manhood, gives a very simple remedy for his misfortune: "Go into a room where you will be quiet and alone, get some book that will interest but not excite you, and sit down and read two hours aloud to yourself, keeping your teeth together. Do the same thing every two or three days, or once a week, if very tiresome, always taking care to read slowly and distinctly, moving the lips, but not the teeth. Then, when conversing with others, try to speak as slowly and distinctly as possible, and

make up your mind that you will not stammer. Well, I tried this remedy, not having much faith in it, I must confess, but willing to do almost anything to cure myself of such an annoying difficulty. I read for two hours aloud, with my teeth together. The first result was to make my tongue and jaws ache, that is while I was reading, and the next to make me feel as if something had loosened my talking apparatus, for I could speak with less difficulty immediately. The change was so great that everyone who knew me remarked it. I repeated the remedy every five or six days for a month, and then at longer intervals until cured."—*Phys. and Surg. Invest.*

Physician's Mistakes and their Lessons

In the practice of our profession, our success depends not so much upon a profound knowledge of abstruse and scientific themes, as upon knowledge accurately and unerringly applied to the case in hand and its conditions.

A whole chapter might be devoted to blunders occurring through the agency of the drug morphia, through careless handling or mistaken use of it. A physician, not far from my home, took a ten-grain dose by mistake, and his life was saved only through heroic exertion. Not so fortunate another physician, who, while under the influence of liquor, gave his patient morphia instead of quinine, but with fatal result. It would be unnecessary for me to enforce the obvious lesson, that every physician should be sober, at least when he prescribes.

Some cases have come under my observation, where morphine has been purposely given to old people, and proven fatal.

Also when given by hypodermic injection, in cases of collapse, it has proven equally fatal. I make these deductions: Never give an opiate to an old person with a feeble circulation unless it is combined with its antidote and a stimulant. In cases of collapse, *never* employ morphine at all. It must of necessity prove as fatal as did bleeding in such a case, of which I have knowledge.

Many and varied are the ways by which the medical blunderbuss may distinguish himself. I knew an old practitioner to give his own child a dose of varnish, mistaking it for castor-oil.

Another administered veratrum viride in place of ergot. Result in each case fatal. The sad commentary is the growing tendency to carelessness on the part of the old practitioner. Another physician, "gave himself away" by poulticing a dislocated hip for a sprain. Consequence, patient crippled for life. Another set a fractured radius, and did a good job, but overlooked a dislocated wrist—same arm. Also, a physician had an obstetrical case, and finding breach presentation, immediately gave pulsatilla, decillionth potency. Finally, when the perineum was ruptured, the doctor exclaimed, "what a pity I could not have been called earlier, the pulsatilla would have turned the child!"

A serious blunder committed by a high-minded and over-confident diagnostician was in tapping an ovarian cyst, supposing it to be a case of abdominal dropsy. Plunging his lancet through the walls of the abdomen, he inserted his catheter, but, to his dismay, failed to obtain a flow of fluid. As the sequel showed, the point of his lancet penetrated the cyst, the contents leaked into the abdominal cavity. The error caused the patient much suffering, and terminated in death. The lesson is this—in performing paracentesis, where there is the least doubt, a trocar and canula are indispensable, but the instrument *par excellence* is the aspirator needle.

Equally serious in its consequences was the blundering and irrational treatment of the following case:

The patient, a child ten years of age: the disease, inflammation of the bowels; the treatment, an injection of *two quarts* of warm soap-suds; result, an almost immediate collapse and death. A tender and inflamed bowel could not endure the extreme tension.

In this connection, I will cite another case of inflammation of the bowels, in which the physician gave mercury to move the bowels. Subsequently, he was soundly berated by the friends for not having given it sooner, as death ensued previous to evacuation, which latter occurred when the deceased was being laid out!

Two other fatal cases have come under my observation where mercury was given in inflammation of the bowels.

These opportunities for observation have convinced me that

active physic, under like conditions, is quite as fatal as large injections. The reasonable method would seem to be to subdue inflammation first, then make use of mild laxatives, abjuring active cathartics, especially mercurials.

Mistakes, when not too serious, often have a ludicrous side to them; for instance, a physician poured camphor into the ear of one who came for relief from a bug which had inadvertently sought refuge there. The beneficent act was not wholly satisfactory. The patient escaped from his physician a howling maniac of the most active description, for the time being. The lesson is obvious: never pour an alcoholic mixture upon the sensitive membrane of the ear. Soothing olive oil would just as effectually have drowned the bug.

The mistakes of the ignoramus who practices medicine are a lesson, and are ridiculous through their assumption of wisdom. A young man, son of a physician, was being examined for disease of the chest. The examiner, while manipulating in the region of sternum, inquired if he had pain in the stern. The young man repudiated the notion that his "stern" was located in his chest, and in disgust left his acute examiner to the solitude of his own wise cogitations.

The same physician poulticed the left side three days for enlargement of the liver, but without abatement of the symptoms. The doctor exhibited equal anatomical knowledge, when he reported having treated a number of females with disease of the prostate gland! He also reported a decease for registry, the cause of death being given as "nu-mo-ny."

Perhaps he had a new nomenclature of diseases, as another patient was reported to have "pleurisy in the head;" while another, in a minister's family, had "scarlet agnus." However, the reverend gentleman, being a classical scholar, was not taken in by the *red-lamb* appellation.

Another case he diagnosed as measles, and declared the measles well out; but, as there was something peculiar about them, thought they must "gether up and break." I subsequently treated the case as small-pox. But the most ludicrous is to follow: There was a family afflicted with rubeola; the first case our wiseacre pronounced scarlatina; the third "had 'em mix't!" The

father, a Dutchman, was of course very much frightened by such a terrible complication of diseases, and our diagnostician lost the care of those remarkable cases.

Unfortunately his mistakes often assume a solemn phase. Not long since he treated his patient, a vigorous young man, for malarial fever one day, for typhoid fever the next day, and upon the third day the convulsions of cerebro-spinal meningitis supervened, ending the life of his patient.

The father of this young man was attacked at the same time with pneumonia. Our ignoramus proposed to "reduce his patient, and then build him up." He was not familiar with the important principle *vires vitales sustinere*, and so there was another funeral in that family within the week.

Three cases in one family were as follows: They were attacked with acute catarrh; from indiscretion in diet, they had more or less emesis, a symptom of scarlatina, and the disease was so named the first day; the second day it was "numony;" the third day they changed physicians, and had simple catarrhal fever.

Also, for obstruction of the bowels, he gave nine pills of blue mass as large as marbles; result, peristaltic action was reversed, the pills ejected, and the obstruction *unremoved*. Yet this man, a rank ignoramus, can hold up to the gaze of the community a diploma, obtained without attendance upon lectures, from a Chicago doctor-mill recognized by the Illinois State Board of Health!

Physicians with a scant knowledge of etiology and pathology, who treat *symptoms*, blunder amazingly in diagnosis. I knew one recently to treat a case of partial hemiplegia, with aphasia, as typhoid fever for five weeks, on account of some symptoms in common.

Another case, of varioloid, head of the family, was treated as bilious attack, and the eruption explained as "nasty little cat-biles;" when a child came down with variola, equally astute council was called, and a conclusion reached that a foreign disease had been contracted while away on a visit. I had the opportunity of vaccinating the other members of the family at once, eleven days after exposure, which markedly modified the disease.

The above errors were serious, but no more lacking in judgment than the following: Two physicians, in an obstetrical case, instead of performing craniotomy, used forceps with traction, and consequent catastrophe. The head of the child rolled across the floor, and the patient sank back a corpse!

I might enumerate instances of mistakes, from personal knowledge, *ad nauseam*. These citations abundantly emphasize the mistake of most common occurrence, the radical mistake of supposing that technical or thorough medical education may very well be dispensed with in the practice of medicine; that disease may be successfully combated without any knowledge of even the A, B, C's of the profession; in short, that the healing power is a gift, and in no wise dependent upon knowledge and skill acquired by hard study, diligent research, and patient, long-continued application. The man who practices medicine upon this basis is no more and no less than a quack, and whatever credentials he may have come into possession of, is not entitled to fraternal relations in the medical brotherhood. — GEO. COVERT, in *Medical Times*.

Acid Phosphate.

The Rumford Chemical Works, Providence, R. I., manufacturers of Prof. Horsford's Acid Phosphate, have recently purchased a commodious building and warehouse near their present location, where they propose to move their business a few months hence. This purchase has been necessitated by the demands of their large and increasing business, and it is pleasant to record such an evidence of well-deserved success and prosperity.

Remedy for Rheumatism.

R. Iodide of potassium, ʒij.; carbonate of potassium, ʒvi., wine of colchicum, ʒiv.; syrup of orange peel, ʒviiij.; tincture of orange, ʒvj.

Directions.—Mix the above in one pint of water; take a half a wine-glassful three times a day, with two tablespoonfuls of lemon juice; pour one in the other, and drink while effervescing.

—*New Remedies.*

Tongaline.

J. F. Stevens, M. D., of Shabbona, Ills., states: "Tongaline is a valuable remedy; while of service in all forms of neuralgia, its best effects are seen in treating neuralgias of rheumatic origin. I have not met a single case of this ordinarily troublesome disease which did not get speedy relief when full doses of Tongaline were used. I can recommend it as a prescription which will yield positive results."

Cough Syrup.

Dr. H. C. Wood regards the following as the most efficient sedative cough mixture that he has ever used: *R.* Potassi citratis, ʒj.; succus limonis, ʒij.; syrup. ipecac, ʒss.; syrup. symplicem, q. s., ad, ʒvj. *M.* Sig. A tablespoonful from four to six times a day.

When there is much cough or irritability of the bowels he adds paregoric in suitable quantity.—*Med. Age.*

New Treatment by Declat.

Treatment of Zymotic Diseases by syrups and subcutaneous injections of Declat's nascent phenic acid, and topical treatment by Declat's glyco phenique. Pages 64. The Declat Manufacturing Co., 86 Warren street, New York, publishers.

A copy of the above manual will be mailed to any physician who will send his name and address on a postal card to the publishers. See advertisement, p. vi.

Diarrhœa Mixture.

Dr. E. X. Veat, of Portland, Maine, has used the following formula in his practice, with most excellent results: *R.* Extracti hæmatoxyli, ʒiv; tinct. opii camph., ʒj; tinct. zingiberis, tinct. rhei. comp., aa ʒss. *M.* Dose, a teaspoonful every two or three hours.—*New Eng. Med. Monthly*, May, 1885.

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ORIGINAL COMMUNICATIONS.

ART. XXXIX.—The Battle for Medical Freedom.—Organized Co-operation of the Eclectic Medical Forces a Necessity to Insure Success.*—BY LEMON T. BEAM, JOHNSTOWN, PA.

GENTLEMEN:—I thank you with heartfelt sincerity for this evidence of your confidence, and for the honor you have conferred on me in choosing me to preside over your deliberations. In case I shall fall short of your expectations in discharging the duties devolving upon me, let me crave your indulgence. As a brotherhood co-operating in the one great object—the prevention, mitigation and cure of disease—let me ask you to kindly bear with and give me your support.

Allow me to express the hope that in our deliberations each and all may be influenced by feelings of kindness, sympathy and harmony, and that whatever we do or say, it may be strictly in accord with our professions, as Eclectics, of liberality, justice and equality.

We should be careful as to what we do or say, if we are to have influence with the profession or the public. It must be admitted that this organization does not make the impression on either the profession or the public that it should do. This is due,

* Inaugural Address, before the twelfth annual session of the Eclectic Medical Association of Pennsylvania, at Altoona. From published proceedings.

mainly, to the want of a more complete organization of medical societies in towns, cities, counties and districts. We have but four auxiliary societies, while there should be one in every large town or city in the State. Public sentiment needs educating. Every doctor needs the support and advice of his brethren. Let the members of this society use their influence to organize the profession in every city, town and district where societies do not have an existence. All good men will find it to their advantage to become members, and the bad will feel its beneficial influence. Public sentiment and respect for Eclectic medicine will be elevated by the works, example and behavior of its advocates thus associated together. In short, to bring up the public to a proper appreciation of the advantages and distinctive features of Eclectic medicine, we must unite, and show that we hold a position in no way inferior to our adversaries.

This Association embodies and is the representative in this State of a principle, viz: *The individual right of the Physician to exercise judgment and opinion in the freest manner possible.* This should attract to its membership every independent practitioner in the State. It does not seek to enforce arbitrary ethical rules. It does not attempt dictation upon questions that each member of our calling should be left free to decide for himself. It does not aim to reconcile diversities, but allows differences and distinctions to exist, and opinions and natural activities to have free competition. It has no provisions excluding legally qualified persons from membership simply because of differences of opinion or doctrines. Its code of ethics is the golden aphorism, "Whatsoever things ye would that men should do to you, do ye even so to them."

The future of the American Eclectic movement depends upon its ethical inspiration or nobility of purpose. It was a revolt of the moral sense against the debasing selfishness and bigotry of the old school of medicine. Its ethical ideas advanced its followers to a higher plane, and gave them nobler conceptions of duty, and will, if still observed, continue to keep them far in advance of the proscriptive spirit which dominates the Old School or "Regular" Medical Association. But it is to be feared that the ethical inspiration and enthusiasm which gave power and dis-

tion to its followers at its inception have grown cold and feeble. As a result, the difference between the *old* idea of a standard system of rules or "code" to which every one must conform, or else be excluded or expelled from professional association, and the new is becoming less conspicuous as the years roll by.

American Eclecticism, which has been emancipating the medical profession from the bondage of creedal and dogmatic authority, is based mainly on the *American principle of freedom*. Medical freedom is exclusively an American idea. There are but *two* schools of medical ethics—the American, which recognizes the right and duty of every physician to judge for himself, and the European system, which compels them to recognize a standard authority, to disregard which renders them liable to censure and ostracism. "The Eclectic system of medicine has wrought a decided revolution, and presents an essentially new system of practice, which may justly be styled the American system, as it has arisen from the labors of American physicians, and stands opposed in its details to the European system, which has been transplanted to this country, and which occupies our colleges with all its pedantic learning, its meagre resources and its bigoted intolerance." [From the Faculty address to the public, in 1849, of the parent school of Eclecticism, the Eclectic Medical Institute, Cincinnati, Ohio.]

Adherents of the old, or European, system of medicine have, of late years, assumed the name "REGULAR," and in accordance with its code of ethics persistently refuse professional recognition to all physicians who do not comply with its arbitrary and exclusive rules, and are persistent in their misrepresentations concerning the position of all who adopt the American Eclectic system of medicine.

All efforts to harmonize the conflicting schools of medicine have thus far proven a failure. The tenacity with which they cling to exclusive dogmas and names hinders fraternization. If all medical men would be satisfied with the simple but noble term "Physician," which is really the highest that can be applied to a medical man, and, in vindication of mental freedom, mutually agree to do away with all "resolutions" and code-clauses that interfere with the exercise of the most perfect lib-

erty of individual action and practice, then all could work together as one body; but, unless we do agree to this fraternal union, the physician will still be compelled to choose or elect with what particular school he may act, as there will still continue the several organizations in the medical profession. However, he is none the less a physician on account of the organization with which he may affiliate. The medical man who assumes the arrogant designation of *Regular*, or the more fancy one of Homœopathic, in preference to what we consider the more comprehensive one—that of Eclectic—cannot justly claim *par excellence* as a physician.

The appellation Allopathic, as applied to Old School physicians in years past, and by which title they were proud to be designated (as can well be remembered by the older members present), has been in later years repudiated by them, and a strenuous effort made to replace it by the use of the term “Regular.” The questions, then, arise: What constitutes a regular physician? Who are regulars? These are points in which we, as members of one of the several recognized schools of medicine, are directly interested.

A physician may be considered a regular Allopathist, a regular Homœopathist, or a regular Eclectic, etc., provided he is steady or uniform in his conduct and practice, conforming to the established usages of his school. On the other hand, a physician may be considered an irregular practitioner whenever he deviates from the established usages of his school. Whether the arrogant and supercilious attempt of *one* of the medical schools to monopolize and popularize a name, to which graduates of all legally chartered medical colleges of either of the schools are equally entitled, will be either to their credit or a success remains for the future to determine. That the self-styled “regulars” are strenuous in their efforts to educate the public to regard all physicians outside of their ranks as “irregulars,” “quacks,” “exclusives,” etc., we do know “for a fact.” While they continue to brand us with these foul epithets, it will require us to “teach the people,” therefore, that, as a distinctive title, while there are differing schools of medical practice recognized by law, the term *regular*, as applied to a physician (unless used to specify his

relation to or standing with his school, which is its only legitimate use in this connection), is a misnomer. While we thus deny the legitimacy of the term as used by our adversaries, as Eclectic physicians we understand each other when we use the term Allopathic. We do not use it as a stigma or reproach. In this we claim to be more generous than they, since they mean both when they use the epithet "irregular" against us. In order to avoid any unjust imputations, we would respectfully ask the avowed exponent of their principles to define their position. This they owe to themselves, to the profession, and to the public. If the term Allopathy has become too restricted to represent the line of their practice, and they desire a more rational and comprehensive name, it is certainly right and proper to drop their ancient designation. And now, since they have ignored and disavowed the name, they might save much reproach, and do themselves an honor, the profession and the public a service, by defining *what they are*. They must define, or lose caste.

To Eclectics everywhere I would say: Let us labor to maintain our organizations, both State and National. Let us indoctrinate the people, who are ripe for the change, with the distinctive features of our medical ethics and practice.

If ever this State society departs from the broad platform upon which it was founded, in imitation of regular medicine in ethical matters, it should die. Why? Simply because there would be no use, or excuse, for its further existence. This we do not fear, if every member will do his whole duty; make an effort, and some sacrifice if needs be, to attend its meetings, and influence others to join in the great work. By association we imbibe the higher and purer spirit of our noble cause; gain broader views of its objects, its extent, and its importance. By thus meeting together we drop, for the time, vexatious and business rivalries at home, and here combine business with pleasure and instruction. We cannot but return thither with a stronger will, a stouter heart, to augment successes, overcome reverses, and a deeper sympathy with humanity, whose sufferings it is our profession to assuage and destroy.

When Dr. A. B. Woodward vacated this chair, he said that

if Eclecticism was to be a success in this State its followers must not only do their part well, as practitioners at the bedside of the sick, but also that they must be more active, by co-operation in this and the auxiliary societies, in devising ways and means for promulgating its principles and objects among the people. His idea, that we should labor to indoctrinate the more intelligent and influential class in every community with the ethics and achievements of Eclectic medicine, I again heartily commend to your notice. The disposition of the "regulars" to crush us, and to secure laws interfering with freedom in practice, is as strong to-day as it was in earlier years, and demands as stubborn fighting. Half-hearted measures will not answer in the battle for Freedom in Medicine. Do we desire to teach the community wherein Eclectic medicine is better than "Regular?" Then we must not forget the injunction: "KEEP IT BEFORE THE PEOPLE." The people are sure to be attracted to our system of practice, because of its simple methods, its common sense ethics and doctrines, and, above all, by its greater success in curing disease. The demonstrations and successes attending every well qualified Eclectic, wherever located, are convincing and conclusive as to the superiority of the new over the old school in medicine. But the sphere of their activity should not be confined to *the bedside*. To success in practice should be added the stimuli of ambition, of professional pride, until they shall compel honorable and just recognition in legislative halls from their competitors.

If each and all do their duty, as intimated, our State society will become much more efficient in its work, the membership will be greatly increased, and its influence over the entire State will be greatly enhanced. Then we shall become a power, a factor in society and politics, and, what is better still, more useful. To the practitioners, a State or district medical society offers special inducements. Especially is this the case here in this State, where we do not have college "cliques" and "rings" to obtrude their conflicting claims into our meetings, and to waste time over subjects foreign and distracting. I do not say this in disparagement of our National Association. I would say, however, that our National Association should con-

sider the interests of the practitioner as being equal, if not superior, to that of any other class in our ranks; furthermore, it is essential that it does this, if it is to maintain the Eclectic school. Moreover, if we are to live and thrive as a School of Medicine, the National organization must be kept up. The neglect of National and general alliance has caused the disintegration and downfall of very important movements in the past. "Axes to grind" should be given the cold shoulder by all our associations. Neither the district, State, or National Associations should give encouragement to those who seek to employ them as agents whereby they may gain interested or private ends. In our ranks no man's *dictum* should go further than his moral and personal influence; we should acknowledge no authority but the Right.

In conclusion, gentlemen, let the prevailing sentiment of every member be: We have no friends to reward, no enemies to punish—nobody to favor, nobody to crush!

We are enlisted for a cause—to sustain personal rights, freedom in practice, and everything that makes for justice, enlightenment, fraternity, and advanced medicine—as no man's men, but as maintainers of a Right and Principle.

ART. XL.—Persistent Sympathetic Vomiting of Pregnancy—Two Cases.—By W. T. BAIRD, M. D., ALBANY, TEXAS, AND R. G. WILLIAMS, M. D., WHITNEY, TEXAS.

CASE NO. 1.—I recently treated a young married lady for obstinate vomiting due to pregnancy; and as the result was so satisfactory—whereas the result of these cases is generally so unavailing, and so trying, both to patient and physicians—I am induced to give history and treatment of the case.

Mrs. A. R., aged 19, married in September last, and pregnant now three months. She had always been healthy, though of a rather delicate constitution. She commenced vomiting two months ago (present date July 5th), and continued till she became quite emaciated; then restlessness set in, and day nor night she could not sleep, only for a few minutes at a time. On swallowing anything whatever, either food or drink, vomiting was provoked, and she suffered constantly with a distressing nausea, even while the stomach was empty, accompanied by a

most terrible heart-burn constantly; great jactitation and rolling about on the bed and wildly tossing her arms. (These were not symptoms of hysteria—there was no such complication.) Her temperature was normal, and her pulse ranging from 160 to 180 per minute, weak and easily compressed. A large herpetic ulcer occupied each angle of her mouth. The walls of the stomach were so greatly thickened by congestion of its vascular tissue, that it presented the appearance of a large pulsating tumour, which could be plainly seen beating as she lay on her back. The abdominal walls were tense and rigid; bladder containing nearly a pint of light-colored urine, although she said she had voided her urine a few minutes previous to my arrival. Uterine hemorrhage had set in the night before, and she was now threatened with abortion. The tongue was coated with a thick, yellowish fur, tips and edges intensely red, and presented the appearance of a piece of raw beef; surface dry and harsh. The only pain complained of was that in her stomach, which was constant and excessive.

She had been under treatment of my esteemed colleague, Dr. Powell, who had been called away a long distance, hence my services were required. The doctor had given her carbolic acid and a cathartic, and also some other remedies, and had brought over his electrical apparatus, but, I believe, did not use it.

Having, from experience in these cases, little faith in medication, by the mouth especially, seeing the stomach is in such condition that all absorption must be arrested, I at once resorted to the use of the electrical current. At first I applied a current from the primary, with 1st and 2nd induction coils—positive in the vagina, electrode insulated to near its tip, which point was brought in contact with the os uteri; then, using my hand for the negative, I passed it gently over the abdominal region and over the spine for about twenty minutes, with the current as strong as she could bear with comfort. Then, using the same current, I applied the positive with a sponge electrode over the region of the stomach, and the negative on the spine, opposite also over the right hypochondriac region, for about ten or fifteen minutes. The position of the poles was varied—at times a current was sent down the spine, negative to os coxycygis and positive to cervical region, for a few minutes.

This treatment, with the omission of application to the os, was instituted twice a day for four days. The first application arrested the uterine hemorrhage while the current was being applied, and it only occurred once, and then only for a few minutes. The jactitation subsided at once, and did not recur. The first night she slept better; second day, her pulse was 140 to 160, other symptoms unchanged. Third day, pulse had fallen to 120 to 140, while the pain in the stomach had become less intense; tongue cleaning off and losing the fiery redness; bowels softer, stomach diminishing in size, urine highly colored (but containing no bile), and voided without difficulty. Fourth day, all symptoms improving; pulse 120. Ate occasionally on the fourth day, without experiencing either nausea, retching or vomiting, and although relieved of the distressing symptoms she was too feeble and too much prostrated from the exhausting effects of emesis, and the privation of food and drink, to sit up in bed, and when raised experienced vertigo. On the fifth day—by which time the seances or application of the electric current had been reduced to one only—her pulse was fuller and stronger, and she ate well her accustomed food without a return of the nausea and vomiting, and was dismissed feeling, as she said, “perfectly well,” and being able to sleep as in health. She sat up a few moments on the fifth day. When I called again, on the sixth day from my first visit, I found there had been slight return of the nausea before breakfast, but not afterwards, and at this visit I found her perfectly comfortable and able to eat her three meals a day without discomfort or without a return of the vomiting; meantime the abdomen had softened and the bowels had acted spontaneously, whereas enemas had been used previously; tongue cleaned off, and presenting almost a normal healthy appearance. I had no fears for her safety now, and dismissed the case.—*W. T. Baird, M. D.*

CASE No. 2.—Mrs. K. M., Colorado, Texas, aged 23, married May 1st, 1884; general health good; usual weight 130 pounds. Early in October of same year she aborted at sixth week. By the following December her general health was fully restored, and continued excellent until April 1st, 1885, when she again conceived. Nausea was one of the earliest and most per-

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sistent symptoms; for the first two weeks in April vomiting came on only in the afternoons, but by the 15th inst. it was as troublesome in the morning. About this time Dr. C. was called in. By May 1st this vomiting was more or less constant through the night as well as the day. Dr. T. was now called in some time later, but failing to give the desired relief, her husband desired my services. I reached her bedside on the morning of June 11th.

At this date she was greatly emaciated, restless, and unable to sleep more than two out of twenty-four hours. Bowels costive, moving only by daily enemas; mentally depressed, extremely nervous, complete loss of appetite, and vomiting almost constantly.

Believing the former attending physicians had about exhausted all medical treatment, I determined to withhold all medicines, and treat my case wholly with electricity. For this purpose I used the Faradic battery, primary, with 1st and 2nd induction coils, positive electrode to cervical vertebra, negative to epigastrium, length of application twenty minutes; then with stronger current passed the current down the spine, labial application, time five minutes; then placed positive electrode over coccyx, using negative over lower extremities, three minutes. In this way electricity was used twice on the 11th, three times each on the 12th and 13th, when my battery failed to perform. No benefit whatever was perceptible until after the fifth application, when my case slept well all night, awakening on the morning of the 14th calling for food. Food and fluids were now given liberally, and retained.

On this day she determined to return with me to my home for further electrical treatment, and though the distance was two hundred and fifty miles, the journey was made in twenty-four hours, and without once vomiting.

On the 15th electrical treatment was again instituted, and continued morning and night, with steady improvement, until the 20th, when mastitis supervened.

This was first treated by the application of the P. A. Harris bandage, but from faulty arrangement it failed to give the relief expected, and on the morning of the 21st, both glands be-

ing greatly enlarged and extremely painful, preventing sleep the previous night, I began the electrical treatment, directed especially to the breasts, applying the positive electrode to gland, with the negative to upper dorsal vertebra, then passed the current directly through the mamma from side to side.

After the fourth application I heard no further complaint, and ceased all treatment, except general electrical tonic treatment once per day, until the 6th of July, when she returned home.

On the day of her departure from home she weighed 110 pounds; on the day of her return she weighed 123 pounds. All of the other symptoms had proportionately improved. The bowels were moving normally, the appetite splendid. She rested well each night, and slept an hour or two each day. She was now cheerful and buoyant, and begun to show roses on each cheek.

JULY 24.—Have just received a letter from my case, stating that she is doing finely.—*M. G. Williams, M. D.*

ART. XLI.—A Case in Practice.—By W. H. CARTER, M. D.,
RISING SUN, POLK CO., IOWA.

I was summoned Aug. 23, 1885, to see Joseph Ogilvie, and found him suffering with bilious colic. He was taken the day previous very suddenly with nausea, vomiting and very severe cramping of the bowels. The symptoms were as follows: Tongue coated heavily at base, bowels obstinately constipated, skin dry, abdomen tumid and hard, retching violent and painful. The contents of stomach, as thrown up, were a yellowish, acrid bilious matter. Pulse, 85; temperature, very little above the normal standard. There was craving for water, but when taken it only aggravated the nausea. I prescribed as follows: Gave hypodermic injection of morphia, 1-7th gr.; atropine, 1-24th gr. R. Aconite, gtt. viij.; gelsemium, 3ss.; dioscorea, 3iij.; water, 3jv. M. S. Teaspoonful one to two hours. And I left my patient for the night. On the next morning, Aug. 24th, I returned to see him, and found he had rested some the previous night, but there was increase in temperature and the heart's action, with some tympanitis, and soreness over the entire abdomen, which indicated that I had a case of peritonitis.

Did not make any change in treatment, other than I ordered the febrifuge every hour.

At this juncture the wife, being very nervous and excitable, wished to know just how long her husband was going to be sick, and what day I thought he would be able to sit up. As a matter of course I was not able to give her a definite answer, but told her I feared inflammation had set up, and would make a continued form of fever. I ordered a lye poultice to the entire abdomen, and left for the night.

Returned Aug. 25. Temperature and pulse some better, but abdomen very much distended with gases—exquisitely tender, etc.

Aug. 26, 8 A. M. Found patient still better, with decrease in temperature; tenderness not so exquisite, etc. Yet the wife was very much excited, having been alone with her husband the previous night. She told me she could sit by the bed and imagine she saw him growing worse all the while. She also told me that she had sent to Des Moines for one Dr. Carter, in whom she placed great confidence, and hoped it would meet my approbation. I gave my assent to the matter, yet told her Mr. Ogilvie was improving, and had been since the previous morning. Dr. E. H. Carter arrived about 10 o'clock. I had remained in the meantime. After Dr. C. had examined the patient, we withdrew from the chamber. I told the Dr. what I was doing, and he remarked that my patient was doing well and the treatment was good, yet as an anodyne he preferred Parke, Davis & Co.'s morphia and atropia pills. I believe the Doctor told me the formula was: Morphia, 1-24 gr.; atropia, 1-120 gr. I assented to the change, not because I thought it best for the patient, but because Dr. C. shared the entire confidence of the patient's friends. Consequently we dropped the hypodermic injections of morphia and atropine, and used Dr. C.'s little pills for two days without procuring the necessary quiet and rest, such as we had been getting from the injections.

Aug. 27. I returned to see the patient. Found him still improving, yet he had not rested so well the previous night. Continued treatment as before. (He was taking one pill every two hours, but had begun by taking them four hours apart.)

Aug. 28, 8 A. M. Found patient doing very well, yet was somewhat restless, especially during the night. Mr. Ogilvie told me he wanted the injections again; that the pills were not doing him any good. I told him to use the pills until the evening, and I would return about 5 o'clock and give him the injections as before. Did so at 5 o'clock, and left him for the night.

Aug. 29, 8 A. M. Found patient without fever, yet there was some tenderness over the abdomen, which was somewhat distended with gases. Continued same treatment, but less frequent, and ordered injections of water to facilitate the action of podophyllin triturated in sugar of milk (first dec. trit.). I had begun in three-grain doses, after the fever was under control.

I have omitted to say that I had been using turpentine, both internally and externally.

The case progressed slowly but steadily from Aug. 29th until Sept. 3d, I each evening giving the injections about 5 o'clock to insure rest at night. During this time patient had acquired a good appetite. On the morning of Sept. 3d found him with elevated temperature and accelerated pulse—temperature I believe registered 102°, with increased soreness over the bowels. This unfortunate occurrence aroused the anxieties of the wife and friends. I ordered the febrifuge more frequently, gave the injection, and left.

Returned Sept. 4th. Found fever declining, with a subsidence of other symptoms, the patient retaining his appetite and feeling quite well. Having given injection the previous evening at 5 o'clock without a sufficiency of morphia to counteract the atropine, the patient was under the influence of atropia for two or three hours to the extent of delirium during the night; yet the symptoms were all favorable—the tongue, presenting a healthy appearance, and the excretory organs performing their several functions well. Yet during the night the family had become greatly alarmed, and sent for their Des Moines pet, who came out, found the patient convalescent, yet *condemned* my treatment in my absence, or before I arrived—condemned the very treatment that had tided the patient over, and destroyed the little confidence remaining in the patient, who more than once

had expressed that he thought I was doing my duty, and believed I was helping him. Now to be candid about such matters, I had much rather a man would come to my pantry at night and take my bread and butter.

I hope the reader will not lose sight of the fact that morphia and atropia, hypodermically, are the best anodyne known where they are indicated. I have used them in various conditions with universal success. Remember that the 1-24th of a grain is the maximum dose, yet I have given the 1-20th in sciatic neuralgia, in order to get the immediate constitutional effect of atropia. Great caution and good judgment should be exercised in administering the drug in this dose. Usually 1-30th to 1-40th of a grain is given to adults. I never inject morphia without associating it with a solution of atropia.

ART. XLII.—Minutes of the Eclectic Medical Society of Missouri.

ST. LOUIS, Oct. 6, 1885.

This Society met in the halls of the American Medical College Oct. 6th, pursuant to a call of the President. The President and Vice-President being absent, Prof. Geo. C. Pitzer, M. D., called the house to order.

Prof. E. Younkin, M. D., was chosen temporary chairman.

The Secretary also being absent, Dr. A. V. Thorpe was chosen to fill the vacancy.

Reading the minutes of the previous meeting was dispensed with, on account of the failure of the Secretary to forward the books.

Profs. Pitzer and Rowe were appointed to vacancies on the Board of Censors.

The Censorial Committee reported the names of the applicants for membership, all of whom were elected by the vote of the Society. (See Report of Board of Censors.)

For members who paid dues for 1885, see list of members under "Dues paid."

The Foreign Secretary, Prof. Pitzer, reported having received a number of letters from parties in England desiring to know the price at which they could purchase diplomas. He did not answer these enquiries.

Treasurer Younkin reported the cash in treasury to be \$44.46.

Prof. Younkin delivered an address, in which he stated that there was a disposition on the part of Eclectics to do as they pleased, and therefore a great many please to stay at home, perhaps on business accounts, etc. Following this, Prof. Rutledge delivered an able address.

By motion duly seconded, Prof. G. A. Rowe, M. D., was elected a special committee of one to report the proceedings of this meeting for the press.

Just at this juncture Vice-President E. J. Williamson, M. D., came in. Prof. Younkin called him to the chair, upon taking which he made a few remarks excusing his tardiness, which were received with cheers.

Prof. Pitzer invited all the members to visit his office before leaving the city, and witness electrical exhibitions.

Adjourned to 2 o'clock P. M.

Afternoon Session, Oct. 6, 1885.—Promptly at 2 P. M. Vice-President Williamson called the house to order, and delivered an address.

Dr. T. H. Hunt, McFall, Mo., spoke concerning the necessity of organizing District Associations. The subject was discussed by Dr. Wm. M. Gates, Dr. Geo. C. Pitzer and others.

Prof. Younkin operated for pterygium.

Several addresses were made, and the Society adjourned to 9:30 A. M. Oct. 7.

Second Day's Proceedings, Oct. 7, 1885.—9:30 A. M. The house was called to order by Vice-President Williamson.

Secretary Hamlin having arrived, the minutes of the previous meeting were called for, read and adopted.

The Constitution and By-laws were then read, for the benefit of the new members of the Society.

Dr. Pitzer then read letters from T. Hodge Jones, M. D., S. V. Stoller, M. D., and A. H. Chaffee, M. D.—the latter asking admission into the Society. On account of the absence of the necessary reference, voting on the election of Dr. Chaffee was laid over till the afternoon session. Afterward the necessary reference was furnished, and Dr. Chaffee is now a full member of the Society.

The Board of Censors then presented the name of Dr. J. N. Anderson, of Conway, Mo., for membership. He was received.

Prof. Younkin presented two clinics; the first was diagnosed enlargement of the prostate gland. The case was discussed at some length by Profs. Pitzer, Younkin and others. Prof. Younkin said that in cases of long standing it was difficult to derive much benefit from treatment. Recent cases might be benefitted. In this case he would recommend the continued use of the iodide of potassium. He thought electrolysis might be used to advantage in some cases.

Dr. Pitzer very elaborately explained the method of using electrolysis, and said he should try it when opportunity afforded.

In clinic No. 2 the diagnosis was an epithelial growth—epithelioma. Operation was recommended.

No. 3 was a little girl who had a tumor (sebaceous cyst) posterior to the right ear. Operation recommended.

On motion, the Secretary was authorized to have 500 blank membership certificates printed at once; and each member of the Society to be supplied with a certificate of membership, properly signed, as early as practicable.

Ordered, the Secretary to have printed a sufficient number of Statements, with Art. 10 of the By-laws thereon; and that he address to each member in arrears a statement of his indebtedness to the Society, and ask his early compliance with said Art. 10 of the By-laws.

Further ordered, that the Secretary procure a book for the "Enrollment of Members." The Constitution and By-laws to be written on the first pages of this book of enrollment.

Adjourned to 2 P. M.

Afternoon Session, Oct. 7, 1885, Vice-President Williamson in the chair.

Repaired to the Amphitheatre, where Prof. Younkin performed each of the operations above indicated.

Returned to the hall.

Dr. J. H. McDonald, of Worden, Ill., spoke concerning gall stones, and showed several large and rare specimens procured from patients while under his care.

Prof. G. A. Rowe read a paper on the "Status of Gynæ-

cology," which gave evidence that the author was master of his subject.

In the matter of Dr. A. H. Chaffee, no one present knew him; it was therefore moved, That the Board of Censors procure the necessary reference, and act in the case as to them seemed proper for the best interests of the Society.—Carried.

Prof. Rutledge read a very able paper, entitled "Somethings we Inherit." It was well received.

The Society next proceeded to the election of officers, which resulted as follows:

For President—E. J. Williamson, M. D., 900 Franklin Ave., St. Louis.

Vice-President—A. V. Thorpe, M. D., Jamestown, Mo.

Secretary (re-elected)—M. M. Hamlin, M. D., Gray's Summit, Mo.

Treasurer—E. Younkin, M. D., 20th & Morgan st., St. Louis.

Corresponding Secretary—Geo. C. Pitzer, M. D., 1110 Chambers street, St. Louis.

The officers were duly installed.

The President proceeded to appoint as follows:

Board of Censors.—Drs. A. Merrell, G. A. Rowe and W. L. Taylor.

Executive Committee.—Drs. A. V. Thorpe, Jamestown, Mo.; T. H. Hunt, McFall, Mo.; and Otto F. Voigt, Farley, Mo.

The following delegates to the National Eclectic Medical Association were elected: Drs. Chas. H. Baurichter, 1318 North Eleventh street, St. Louis; W. L. Taylor, Greencastle, Mo.; T. H. Hunt, McFall, Mo.; G. A. Rowe, 310 N. Eleventh st., St. Louis; Otto F. Voigt, Farley, Mo.; A. H. Vordick, St. Louis; F. W. Randles, Charity, Mo.; E. J. Williamson, 900 Franklin Ave., St. Louis.

Ordered, that the Executive Committee be empowered to appoint seven additional delegates to the National Eclectic Medical Association.

On motion of Prof. Merrell, the Society adopted the Bureau system of the N. E. M. Association; and empowered the President and Secretary to appoint a Chairman and Secretary for each Bureau.

Dr. Hamlin reported a case in practice, in which he had taken nearly half of a glass syringe from the vagina after it had been there for more than seven months.

On motion, the Executive Committee, with the President and Secretary, were appointed a Committee on Publication.

Prof. A. Merrell, M. D., of the State Board of Health, requested the members to forward to him information as to the water supply in their several localities.

President Williamson presented the claims of, and explained the purposes and the methods of operation of, the Mutual Aid Society of the National Eclectic Medical Association of the United States of America.

Adjourned, subject to the call of the President.

M. M. HAMLIN, Secretary.

REPORT OF BOARD OF CENSORS—NEW MEMBERS.

Dr. A. B. McLeran, Ragville, Mo.	Paid \$2 00
„ F. W. Randles, Charity, „	„ 2 00
„ J. H. Killough, Brooklyn, „	Due —
„ L. B. Laws, Stanford, „	Paid 2 00
„ G. W. Sellers, Mt. Moriah, „	„ 2 00
„ J. M. Manes, Billings, „	Due —
„ P. N. Norton, Hamilton, „	Paid 3 00
„ J. H. Snyder, Cameron, „	„ 2 00
„ F. N. Burgin, Lorraine, „	„ 2 00
„ L. M. Camp, Eldon, „	„ 2 00
„ Otto F. Voigt, Farley, „	„ 2 00
„ John T. Davidson, Middletown, Mo.	„ 2 00
„ T. H. Hunt, McFall, Mo.	„ 2 00
„ W. L. Taylor, Greencastle, „	„ 2 00
„ I. Frank Noel, Unionville, „	„ 2 00
„ A. D. Clarke, Knoxville, „	„ 2 00
„ M. C. Jacobs, Richmond, „	„ 2 00
„ J. N. Anderson, Conway, „	„ 2 00
„ A. H. Chaffee, Breckenridge, Mo.	„ 2 00

Total.....\$34 00

The following members paid dues, to-wit:

Dr. J. H. Crawford	dues for 5 years,	\$5 00
" H. L. Henderson.....	" " 1 year,	1 00
" W. M. Gates.....	" " 2 years,	2 00
" Chas. H. Baurichter	" " 1 year,	1 00
" E. J. Williamson.....	" " 1 "	1 00
" S. V. Stoller.....	" " 5 years,	5 00
" T. Hodge Jones.....	" " 1 year,	1 00
" M. M. Hamlin	" " 1 "	1 00
" E. Younkin	" " 1 "	1 00
" G. A. Rowe.....	" " 1 "	1 00
" W. V. Rutledge	" " 1 "	1 00
" A. V. Thorpe	" " 1 "	1 00
" J. H. McDonald	" " 1 "	1 00
" N. M. Carter.....	" " 1 "	1 00
Total.....		\$23 00

ABSTRACTS.

Removal of Tonsils.

The *Medical Times*, according to the *Canada Lancet*, writes: Dr. De Saint-Germain gave some very practical remarks on this common operation that we are so often called upon to perform in the winter season. He said: "You noticed that I just refused, notwithstanding the entreaties of the parents, to perform the operation of extirpation of the tonsils in this child, although I performed it in two others. The fact is that this simple operation is not without danger in certain cases. How shall we know when not to operate? Well, there is a rule that you should never forget: it is never to cut the tonsils until they touch each other in the median line. It has been said that a child that has enlarged tonsils is subject to phthisis, or to get diphtheria, but it is not true; large tonsils don't exercise such an influence over the general health. There are cases when you should refuse to operate. When you see the mucous membrane inflamed, and you see white spots, don't operate; wait, and under treatment it

will regain its usual rosy color. Ought the tonsils to be cut at all ages? No. If the child is under two, wait, for fear that a loss of blood, however slight, may weaken the patient. From four years of age up to twelve is the period for operating. At twelve, if it is a girl, wait, for very often at this period or later menstruation may come on, and it will modify the condition so that no operation will be needed. From seventeen to nineteen, and in adults, hemorrhage may be feared. Here always remain at least an hour with them after the operation. As a last counsel, don't operate at all when there is an epidemic of diphtheria.

Having decided to operate, what are the means used to perform the operation? All of you know the amygdalotome, so I won't describe it. I wish to say that I think it will pare or scrape the tonsil, but it will not extirpate it, so that some other doctor has often to be called in to complete the operation that you have left unfinished. It is, besides, an instrument that is difficult to keep clean, and I have seen the knife-edge break off and fall into the pharynx, so that I do not use this instrument at all. I use concave bistouries. The convex side is put against the adherent portion of the tonsil, and the concave side is toward the base of the tongue. Right and left instruments are used. With these instruments you can pluck the gland out of its socket completely, but you need a special pair of forceps. These are long pincers, made so that they will not tear the substance, with triangular teeth that are flat, with a sort of gutter between, exactly like a small waffle iron, from which you have so often enjoyed eating the cakes. Place the pincers horizontally, and the child will instinctively open its mouth wide, so that nothing remains but to cut the tonsil.

How to Arrest the Lacteal Secretions.—Prevention of Nocturnal Emissions.—BY G. A. HARMAN, M. D., LANCASTER, O.

In answer to the inquiry, what will arrest the lacteal secretion? I usually apply a liniment composed of equal parts of spirits of camphor and tinctures of belladonna and phytolacca freely, one-half to one ounce upon each breast at each bathing once a day; then bind them down tightly, first covering each breast with cot-

ton, placing it thicker at the edges than in the center, so that the pressure will be distributed over the whole of the breasts, and not upon the center only. Where only one breast is to be dried up, tear the bandage into tails, so that they can be made to straddle the other breast. Pressure can be better applied by adhesive straps, and the pressure is, no doubt, much the better remedy. I have thought that pressure could be made much more equable and persistent by attaching to each end of a piece of lasting, a few inches long, short adhesive strips, several of which could be drawn tightly over the breast.

In answer to the query, what will cure nocturnal emissions? The bad habit that produced them being broken up, I have found nothing equal to: R. Brom. potass., chloral hydrastis, of each \mathfrak{z} ss.; aq. menth. pip., \mathfrak{z} jss.; syr. simplicis, \mathfrak{z} ijss. Mix. A teaspoonful two or three times through the day, and two teaspoonfuls at bed-time.

This will, in most cases, control passion and prevent erection, hence there is no emission. I sometimes have to increase the dose. I will illustrate its power to control the passion by one case. A young gentleman who was troubled with acne on the face applied for relief. Knowing the relation of this eruption to the sexual function, I thought to be better able to treat his acne by controlling his amateness, so in conjunction with an ointment I gave him the above. The second night of the treatment he called on his "dulgina," with whom he was in the habit of frequently spending a night. After their united efforts for two or three hours to excite his passions had failed, he got up, angry and disgusted, dressed, and went home. The first thing he did after getting into his room was to throw that medicine into the street.—*Med. World.*

The Cure for Tonsillitis.

Gargles, inhalations, mixtures taken internally and bleeding have all been tried, with various success, in attempts to alleviate or cure this disease. Aconite and belladonna have been used, with varied success, in the attempt to cut short the attack. Only comparatively recently the valuable properties of bicarbonate of sodium were referred to in this journal in the treatment of ton-

sillitis, and in the *Australasian Gazette*, for May 15, 1885, Mr. T. M. Kendal states that he has been using this drug in this affection for the last four years, and, as yet, it has never failed to produce a good result. The remedy was introduced to the profession by M. Gine, of France. He claimed that by the use of the drug he was able to cut short an attack of tonsillitis twenty-four hours after the application of the powdered salt to the tonsil. Such a rapid cure has, however, never occurred in Mr. Kendal's practice, but he has had very good results in thirty-six and forty-eight hours, although in elderly people the attack has lasted five or six days. The drug is well worthy of the attention of the profession on account of the absence of harmful properties, and is, without doubt, also useful in cases of an inflammatory sort, either due to the influences of cold or to an exhausted nervous system.—*Therapeutic Gazette.*

Injections of Ether in Sciatica.*—By Z. ORTO, M. D., OF PINE BLUFF, ARK.

I desire to call attention briefly to a case of sciatica, successfully treated by hypodermic injections of sulphuric ether.

On October 29th, 1884, I was called to see Mrs. C., whom I found in bed, suffering greatly with pain in her right leg and hip—unattended by redness or swelling. Mrs. C. is 39 years old, of a nervous temperament, has a good family history, and has always had good health until the birth of her last child, which occurred on February 14th, 1883. The patient states that three days after the birth of this child fever came on, and continued for about six weeks, during which time she was unconscious; and that when the fever ceased and consciousness returned, she was unable to move her right leg without excruciating pain. There were spasmodic contractions of the limb, which caused great suffering. She states she remained in about the same condition, except that there was a gradual wearing away of the pain, for six months, at the end of which time she was able, by the aid of crutches, to move around the house, but at no time was she free from pain—and two weeks prior to my first visit

* Read before the State Medical Society of Arkansas, April 28d, 1885.

she was again seized with the intolerable pain in her right hip and leg that had previously caused so much trouble. She at once went to bed, and had been compelled to keep under the influence of opium.

On examination, I found tenderness all along the course of the sciatic nerve, and, as before stated, without redness or swelling of the limb. All movements of the limb had to be performed by the aid of the patient's hand applied to the thigh, and with the left foot under the right. I at once diagnosticated sciatica; and having read of some cases successfully treated by hypodermic injections of sulphuric ether, by Dr. C. G. Comegys, of Cincinnati, published in the *Cincinnati Lancet and Clinic* for July, 1878, I determined to give this remedy and method a trial.

On the morning of November 30, my patient received the first injection of twenty drops, the syringe being inserted behind the trochanter major, the point recommended by Dr. Comegys. The injections were given in the ordinary superficial way. Seven injections were used in all, at intervals of twelve hours, using in the last six thirty drops each. The injections were followed by violent pain of a burning character, which, however, soon passed off. The patient declared she could taste the ether distinctly by the time the syringe was withdrawn. The acute neuralgic pain was relieved by the first injection, and never returned as severely as before. Improvement was noted from the beginning, the patient sleeping soundly without any other anodyne. The progress of the case was favorable, though rather slower than those of Dr. Comegys, though I think this may be accounted for by the former condition of the patient. In less than ten days the patient was able to be out of bed, and has since been attending to her domestic affairs, enjoying perfect health, save a little stiffness in her right leg.

So far as I am aware, Dr. Comegys was the first to call the attention of the profession to the value of this remedy in sciatica. From my experience with ether, in this one case, I am prepared to agree with him when he says "in this I believe we have a safe and efficient remedy for this troublesome and painful disease." He believes it to be equally efficacious in circumflex neuralgia as

well as *tic douloureux*. Heretofore ether used hypodermically has not been satisfactory as an anodyne. As a stimulant to the heart's action, it has been used quite extensively by some practitioners.

Arnozan, in a recent publication, states that ether when used hypodermically produces an acute neuritis. Its action in sciatica is certainly open to investigation, and cannot be harmonized with the above theories, if our present view of the pathology of sciatica be correct. Local irritation rarely ever results from its use.—*Four. Am. Med. Ass.*

Cocaine in Hay Fever.

Dr. G. H. Simmons, of Lincoln, Neb., writes to the *Medical Record* that he has used cocaine for the relief of hay fever with marked success in several instances. He relates the following case: "A farmer came into my office about three weeks ago, and, in a discouraged manner, asked me if there was nothing I could give him to relieve him of that terrible suffering and annoyance. His eyes were bloodshot, and his looks showed that he suffered all that he claimed to. Every little while he would have an attack of sneezing, which lasted three or four minutes, after which there would be profuse perspiration. He complained of great shortness of breath, exhaustion, and dimness of sight. There was intense itching of the nares, frontal headache, and severe pain in the eyes. It was the eye trouble that suggested cocaine to my mind, and as I had only a few minutes before been using a two per cent. solution in a case of cystitis (and with success), I without hesitancy concluded to try it in this case. I dropped two or three minims of the solution into each eye, and the effect was almost miraculous. I then with a camel-hair pencil applied a few drops to each nostril and well back into the posterior nares. The relief was immediate and complete. I gave my patient two drachms of the solution and instructed him how to use it. I saw him again in ten days, and his praises in favor of the remedy were very profuse. He had used it about three times a day, and thus kept off all symptoms of his annual trouble. It was the first time he said for years that he had been free from it during the latter part of July and the first two or

three weeks of August. A second case in which the same remedy was used was hardly as severe, but the relief was just as complete and satisfactory. The patient was a married lady, who has never found relief before without going either to the lakes or the mountains. In this case I used a four per cent. solution." Dr. Simmons has also employed cocaine in a five per cent. solution in equal parts of vaseline and castor oil, as recommended by Dr. Gelston, of Limerick. He was successful, but nevertheless prefers the simple aqueous solution. He notes that Mr. John Watson, of London, has obtained relief in his own case by the use of tablets of cocaine inserted into each nostril.—*Weekly Medical Review.*

The Operative Treatment of Hemorrhoids.

In a paper published in the *Nashville Journal of Medicine and Surgery*, for May, 1885, Dr. H. S. Duncan recommends the following procedure for the cure of hemorrhoids: He injects pure carbolic acid, slowly, until the whole surface of the tumor changes its color to a pale white or ashen hue. After giving the patient a few moments rest he lays the dead tumor open, dividing it into two equal parts, and then with a pair of scissors cuts off each half, as close to the live tissue as possible without producing pain or hemorrhage. After relating several cases treated in this way, he claims superiority for the method upon the following grounds:

1. It is comparatively painless, there being no pain whatever after the injection of the acid, and then not of sufficient intensity to justify an anæsthetic, as it never lasts over one minute.
2. It is a bloodless operation, as there is never a drop of blood seen except in highly inflamed tumors, when two or three drops may make their escape from the needle puncture before the acid is injected.
3. The repair is much more rapid than after any other operation that he has ever seen performed. The patient never has to keep his bed more than one or two days, and can always resume business in from three to ten days, according to the severity of the case and the nature of his occupation.

Dr. Duncan concludes his paper in the following language:

"To those who have been prejudiced by writers condemning the injection of acid, I will say that their failure to cure only arose from their not having completed the operation. When only a few drops are injected, it not only fails to cure, but leaves the parts in a worse condition than before. When a sufficient quantity is used to destroy the tumor, and the latter left to slough off, a very offensive odor and tedious recovery is the consequence. But when the operation is completed as I have described, it is safe, speedy and sure, and you need not hesitate to perform it. After the operation I use a mild laxative for a few days, generally cascara sagrada, which I find very efficient, and direct my patient to bathe frequently with warm water and castile soap; and use a little vaseline, if necessary, to keep the wound softened.—*Gaillard's Medical Journal.*

Acetic Acid in Alarming Hemorrhage.

Dr. H. C. Ghent, in the *Texas Med. Journal*, reports a case of vesico-vaginal fistula, on which he operated on May 23rd. He was called four days later, in consequence of an alarming hemorrhage from the bladder, attended by severe vesical tenesmus. The patient was suffering excruciating pain, and clots of blood were being forced from the bladder by muscular contraction. Morphia was given hypodermically, and the bladder irrigated with hot water, with no success. Ergot was injected under the skin, and later given per orem; gallic acid was also given, but this too failed. An examination in Sims' position showed that the stitches were intact, the lips in apposition, and the wound presented the appearance of healing by first intention. No leakage, either of urine or blood, had occurred from the bladder into the vagina through the closed fistula. Other remedies, such as tannin in ice water, alum water, etc., failing, Dr. Ghent thought of resorting to perchloride of iron, but before doing this determined to give acetic acid a trial—a remedy which Prof. Penrose had used successfully in post-partum hemorrhage. He mixed a half pint of apple vinegar with an equal quantity of water, and just after the expulsion of a clot washed the bladder, through a double-barreled catheter, with this solution. The contact of the vinegar with the interior surface of

the bladder caused considerable pain, but the hemorrhage ceased instantly and never recurred. The patient made a complete recovery, and the operation proved a complete success.—*Miss. Valley Med. Monthly.*

Athlophorus.

The composition of this mixture is substantially as follows: Sulphate of morphia, 2 grains; fluid ext. colchicum seed, fluid ext. guaiac resin, of each 1 fl.-dr.; potassium acetate, potassium salicylate, of each 60 grains; diluted alcohol, $\frac{1}{2}$ fluid-oz.; syrup of squill, sufficient quantity to make 6 fl.-oz. Mix by applying gentle heat. The syrup of squill should be prepared by digesting over night 180 grains of squill root in hot water, sufficient to make an infusion, when strained, of 3 fluid-ounces. In this is dissolved 8 ounces troy of sweet glucose by gentle heat.—*Med. World.*

Salicylic Acid in Rheumatism.

Dr. P. W. Latham, the Downing Professor of Medicine at Cambridge, in an article entitled, "Why does Salicylic Acid Cure Rheumatism," lays down the following rules for its successful administration:

First, the true salicylic acid obtained from the vegetable kingdom must alone be employed. If you have to give large doses, avoid giving the artificial product obtained from carbolic acid, however much it may have been dialysed and purified. An impure acid will very quickly produce symptoms closely resembling delirium tremens.

Secondly, give the acid without any alkaline base. A very good form is to mix 100 grains with 15 of acacia powder and a little mucilage. Allow the mass to stand and harden, and then divide into 30 pills.

Thirdly, place the patient fully under the influence of the drug—that is, let him have sufficient to produce cerebral disturbance—that is, buzzing in the ears, or headache, or slight deafness; with the development of these symptoms, the temperature and the pain in the joints will begin to decline. To an adult he generally administers three doses of twenty grains (six pills) at

intervals of an hour, and if the head remains unaffected, a fourth dose at the end of another hour; and then repeat the twenty grains every four hours until the physiological effect of the remedy shows itself. In the majority of cases, from eighty to one hundred grains are enough. In severe cases, one hundred and forty to one hundred and fifty may be required. Afterward, about eighty grains a day are sufficient, and as the temperature declines, smaller quantities will develop their physiological effects, sixty or even fifty grains being then sufficient to produce cerebral disturbance. It would appear that as long as the rheumatic poison is circulating in the system the physiological effect—that is, the effect it produces in the healthy organism—does not show itself; acting as an antidote, the greater the amount of poison, the larger must be the dose of the remedy; but as soon as the formation of the *materies morbi* is stopped, then the excess of the remedy acts as it would in the healthy organism, and its peculiar physiological effects are developed. It is a very striking illustration of the difference between the therapeutical effect of a remedy, and its physiological action.

Fourthly, give the patient from forty to eighty grains daily for ten days, after all pain and pyrexia have passed away.

Fifthly, let the patient's diet consist entirely of milk and farinaceous food for at least a week after the evening temperature has been normal. On the other hand, if the patient has meat and soup, you may look forward with fair probability to a relapse.

Sixthly, take care to maintain a daily and complete action of the bowels. Calomel is the best purgative, from two to five grains at night, followed in the morning, if necessary, with a saline draught. This is the most important adjuvant to the action of salicylic acid.

Seventhly, let the patient be enveloped in a light blanket, and with no more bedclothes than are sufficient to keep him from feeling cold. The object of the treatment now is to cool the patient, not, as in former times, to sweat the poison out of him, and the cooler he is kept the sooner will the temperature be lowered.

Dr. Latham has not yet concluded his observations, but so far

he considers that though lactic acid has much to do with the symptoms, it is the excessive formation of glycocine and of uric acid in the tissues that develops the symptoms of rheumatic fever, and salicylic acid cures the disease by combining with the antecedents of these bodies, and prevents their formation. When salicylic acid is administered internally, it passes off by the urine as salicyluric acid—that is, it has combined in its passage through the system either with glycocine or its antecedent, for, on treating salicyluric acid with fuming hydrochloric acid, it is resolved into salicylic acid and glycocine. Consequently, in the system, by seizing either upon glycocine or its antecedent, salicylic acid takes away an essential constituent of uric acid, and so prevents the formation of this body.—*Lancet*.

Is Ergot a Specific for Puerperal Convulsions?

EDITOR *Medical World*:—During a conversation on puerperal convulsions some time ago, an old, experienced practitioner asked me if I knew that ergot was a specific for that disease. I replied that I did not; that I did not remember ever seeing or hearing it recommended in such cases, except to hasten delivery. He said that he had never failed to check the convulsions with ergot alone, in the many cases that he had attended.

His method of using it is to give large and often-repeated doses until the patient is perfectly ergotized. He describes a patient in that condition as being almost pulseless, with cold, clammy skin and a cadaverous appearance. He gave the history of several cases in which it was necessary to give stimulants to counteract the effects of the ergot after the convulsions had ceased.

My object in asking the question which heads this article is two-fold: First, if ergot is such a valuable remedy in this formidable disease, it should be more generally known; and, second, to receive an answer to the following questions: Have you had any experience with ergot in puerperal convulsions? Don't you think there would be *some* danger in using ergot to the extent recommended by the old brother? Brethren, let us hear from you upon these subjects.

R. K. MEDARIS, M. D.

Clinton, Tenn.

Specimens.

Messrs. Parke, Davis & Co. have taken a new departure in offering to put up *materia medica* collections for the use of students of medicine and pharmacy. These collections are to contain 288 specimens of drugs of vegetable origin, including all recognized by the U. S. Pharmacopœia, with many besides which are in common use. The specimens are put up in uniform wooden boxes, numbered, and the whole is enclosed in a neat, black-walnut case. A key or index of the drugs, alphabetically arranged, accompanies the case. These collections are offered at the low price of \$10, provided orders are received for at least fifty cases. Send for descriptive and illustrated circular to Parke, Davis & Co., Detroit, Mich., or 60 Maiden Lane, New York City.

A Valuable Remedy for Headache.

We desire to call attention to a simple, and at the same time wonderfully efficient, treatment for many kinds of headache. We lay no claims to originality, nor do we know who the originator was, but having used it for a year or more, and in many cases with remarkable results, we feel disposed to give it our endorsement, and desire to make it more generally known. The remedy is nothing more or less than a solution of the bisulphide of carbon. A wide-mouth, glass-stoppered bottle is half filled with cotton or fine sponge, and upon this two or three drachms of the solution are poured. When occasion for its use occurs, the mouth of the bottle is applied to the temple or as near as possible to the seat of pain, so closely that none of the volatile vapor may escape, and retained there four or five minutes or longer. For a minute or so nothing is felt, then comes a sense of tingling, which in a few minutes—three or four usually—becomes rather severe, but which subsides almost immediately if the bottle be removed, and any redness of the skin that may occur will also quickly subside. It may be re-applied, if necessary, several times in the day, and it generally acts like magic, giving immediate relief.

We believe this was the basis of a once popular nostrum. The class of headaches to which it seems especially adapted is that

which may be grouped under the broad head of "nervous." Thus neuralgic, periodic and hysterical headaches are almost invariably relieved by it. True, the relief of a mere symptom is quite another thing from the removal of its cause, yet no one who has seen the distress and even agony caused by severe and frequently recurring headaches (and who has not?) but will rejoice to be able to afford relief in so prompt and simple a manner; besides it is sure to secure the hearty gratitude of the patient if he has suffered long. As to the *modus operandi* we have nothing more definite than a theory to offer, and that is that the vapor being absorbed through the skin produces a sedative effect upon the superficial nerves of the part to which it is applied. We know by experiment that its influence is not due to its power as a counter irritant. We however know that it does act, and if we do not clearly see in what way it acts, that is no more than can be said of several other remedies which are firmly established in professional favor and confidence.—*Physicians and Surgeons' Investigator*.

Tongaline.

C. McGuffee, M. D., of Tyler, Texas, states: "Having used Tongaline in practice with satisfaction to myself and patients, I hereby report two very important cases. The first that of my wife, aged 38 years, the subject of severe attacks of hemicrania for twelve years. These attacks would last from one to four days, yielding finally to cathartics, blisters and the hypodermic use of morphine. Wishing to try the new remedy Tongaline, recommended for neuralgia, I put her on drachm doses, repeated every third hour. Three doses generally sufficed to give relief, but the attacks would return, though milder and of shorter duration, until they finally ceased and left her permanently cured, having used less than one bottle.

The second case, a Mr. C. C. W., aged 37 years, who had suffered with attacks of supra-orbital neuralgia for about three years. I prescribed as in the first case Tongaline, one drachm every third hour until relieved. A few doses generally relieved the paroxysms. The continuance of the medicine for a short time has resulted in a perfect cure."

Saddle Bags.

With a just appreciation of the tendency to general depression in values, and with a laudable desire to place what is a necessity to the outfit of many physicians within the reach of all, the proprietors of Mellier's Standard Elliott Patent Saddle Bags and Buggy Cases have made a large reduction in prices of these articles, as can be seen by referring to their advertisement in this journal.

The Uses of Cocaine.

Decidedly there is a future for cocaine. It is destined to have a permanent place in medicine, surgery and dentistry. The scope of its uses is not yet defined, but it is safe to say that its applications are widening as experiments with it are extended.

We have been especially impressed with this fact in looking over the literature of the subject recently issued by the house of Parke, Davis & Co., Detroit. They have published several most interesting pamphlets. One is entitled "Cocaine in Dental Surgery," another is a working bulletin on the drug containing a variety of original material, and a third a well composed collation of what has been reported about it in home and foreign medical literature. These pamphlets will be sent without charge by the house to any one mentioning the name of this journal, and they are worth reading by all.

The same firm has devised a very handy and ingenious "cocaine case," which they sell at a moderate price, and which impresses us as the best of the kind we have seen.—*Phila. Med. and Sur. Reporter.*

Peptonized Beef.

We call attention to advertisement of Peptonized Beef in this issue. It would appear that the problem of an extractive of digested beef has been solved by Prof. Preston B. Rose, formerly of the Michigan State University, and its preparation attempted upon a scale commensurate with its importance. The General Agents of this preparation, Messrs. Chapman, Green & Co., of Chicago, will be pleased to forward samples as per their advertisement.

EDITORIAL.

Organization as an Element of Strength and Success.

In this issue we publish an address which we hope every reader will carefully note, inasmuch as it contains thoughts pregnant with instructions and suggestions. We refer to the address of Dr. L. T. Beam, delivered before the Eclectic Medical Association of Pennsylvania, at its session held at Altoona, in June last. It is not only worthy of a careful study, but there are some points in it that merit special notice and favorable criticism. Prominent among such features of the address is the brief reference to the importance of systematic and energetic work in the interest of medical organizations. The doctor emphasizes the need of properly educating the public mind, and assumes, very correctly, that the true principles of Eclecticism (being comparatively young) labor under the disadvantage of being but little understood by the mass of the people. This, together with the hue and cry of old-school practitioners about the danger of new-fangled systems of medicine, must be counteracted by disseminating the truths that give Eclecticism its strong hold upon those who make its principles the subject of study and comparison. Our whole system is so simple and rational that it needs only to be known to be universally adopted. It is not light that we dread, but darkness.

Hence, the address lays stress on medical organizations for the purpose of investigation and discussion. "Public sentiment, and respect for Eclectic medicine," says the address, "will be elevated by the works, example and behavior of its advocates thus associated." All true reforms, in every department of life, prosper just in proportion as their fundamental principles are comprehended by the general public. What the people want to know is, that the underlying and governing principles of a new system are based upon scientific and rational truths; for, though prejudiced generally in favor of things that are old,

they stand ready to embrace new ideas when convinced that they are an improvement upon old ones. Hence, says the address, "To bring up the public to a proper appreciation of the advantages and distinctive features of Eclectic medicine we must unite, and show that we hold a position in no way inferior to our adversaries."

The position thus taken, that the public mind can be enlightened by the proper work of National, State and District Associations is, we think, altogether tenable. The genius of such associations shows no disposition to shirk free and open discussion, but on the other hand boldly challenges the world to come and judge us by what we say and do. If our principles cannot stand the test of examination, discussion and ventilation, condemn us; but if on critical examination they commend themselves to the enlightened judgment of mankind, we claim the right of practicing in harmony with them.

History shows that where organizations have been effected and worked up to their full capacity, our progress has always been gratifying; while, on the other hand, a cringing and shrinking process from the public eye has been attended with disastrous and discouraging failures. What we should do, then, is to follow the excellent advice given in the address, that is, "organize the profession in every city, town and district where societies do not have an existence."

Eclecticism is not only an issue, but a system that has sprung from an inherent element of manly independence, and is, therefore, instinct with the same principle that inspired the sentiments of the immortal Declaration of Independence; which thought is thus admirably presented in Dr. Beam's address: "The individual right of the physician to exercise judgment and opinion in the freest manner possible."

We do not, as Eclectics, seek by the agency of any machinery to force our views upon the people. We have never stooped to the low and cunning dodge of legislative enactment to ostracise others, or to hoist ourselves into undue prominence. Our system, as the address puts it, "does not seek to enforce arbitrary ethical rules; it does not attempt dictation upon questions which each member of our calling should be left free to decide

for himself * * ; it has no provision excluding legally qualified persons from membership simply because of differences of opinion or doctrines."

In view of the bold assumptions and intolerable arrogance of the Allopathists, the American ethical movement may well be characterized as a "revolt of the moral sense against the debasing selfishness and bigotry of the old school of medicine." These are brave words fittingly spoken, and should be pondered by every lover of freedom of thought.

We hope these brief comments will lead all our readers to re-read and study carefully the many important suggestions of the address.

Obituary—Jacob S. Merrell.

Jacob S. Merrell, late President of the Board of Trustees of the American Medical College, who recently died so suddenly, at Denver, Col., was a pioneer Eclectic, always turning his influence toward progressive medicine everywhere. Mr. Merrell was one of the oldest and most respected citizens of St. Louis, and had long been identified with the drug trade here. He was born in Oneida county, New York, Feb. 5, 1827, and began his business career in Cincinnati, O., as the proprietor of a small "drug mill." Five years later he was making \$30,000 worth of goods annually, working ten mills. Early in 1853 he came to St. Louis and established his business on St. Charles street, between Fifth and Sixth streets, but in 1857 he was burned out and lost \$28,000.

He was an honorary graduate in medicine, was a chemist, pharmacist and physician, though never engaged in active practice. He served two terms as City Treasurer, and one term as Park Commissioner. He was a prominent church member, having joined the First Congregational Church when he first came to this city. As the owner of several farms in the American bottom he had done much to improve that section, particularly in enforcing the drainage laws of the State.

His death will be widely regretted, and the sympathy of his many friends, particularly in the drug and medical profession, will go forth to his bereaved family.

As a personal friend, neighbor and citizen, we cannot find language to express our regard for Mr. Merrell, for he was a model of honesty and uprightness, as well as a thorough, successful business man. His estate is valued at near one million dollars.

The Board of Trustees and Faculty of the American Medical College, at 310 North Eleventh Street, have adopted the following resolutions on the demise of their President, Jacob S. Merrell:

WHEREAS, Jacob S. Merrell having been the President of the Board of Trustees of the American Medical College, and having most faithfully and honorably presided at our business meetings for the last twelve years, we deem it a duty we owe to his name, to his family, and to his friends, to express, in this hour of bereavement, our sorrow and sympathy in his Providential removal from our midst; therefore, be it

Resolved (1), That whilst we recognize the fact that the ways of Providence are at times sudden and mysterious, we feel that we have lost a mutual friend and a useful associate, whose office has always been exercised with marked integrity, dignity and wisdom.

Resolved (2), That as a member of our Board of Trustees, and President thereof, we have always found him interested in the welfare of our cause as a college of liberal medicine, and was ready at all times to advise as to its best interests.

Resolved (3), That our kindest regards and deepest sympathies be tendered to his bereaved family in their great affliction and mourning.

Resolved (4), That these resolutions be spread upon our minutes, and that a copy of the same be presented to the family as a faint token of our sympathy and sorrow.

N. C. HUDSON,	JOHN T. SIBLEY, M. D.,
G. A. ROWE, M. D.,	WM. M. KINSEY,
GEO. C. PITZER, M. D.,	ALBERT MERRELL, M. D.
E. YOUNKIN, M. D.,	

MISCELLANEOUS PARAGRAPHS.

Eclectic Medical Association of Arkansas.

The sixth annual session of the State Eclectic Medical Association of Arkansas was held in the parlors of the Wordsworth Hotel, Little Rock, on the 20th and 21st of May, 1885. A better attendance than usual was had, and a manifestly increased interest. President Prewitt presided with his usual grace and dignity, and Dr. Browing wielded his Faber with his accustomed ease. Many interesting papers were read at the session, and discussed at length. An interest was aroused, which we hope will widen and deepen until our State Association's roll of membership will be adorned by the name of every true Eclectic physician in the State, under whose laws *it was incorporated at this meeting*. The Eclectics, with liberal and free-thinking people of the State, are to be congratulated on their defeat of the State Medical Board Bill, introduced in the legislature of 1885.

The following officers were elected for 1885-86: Dr. J. W. Prewitt, President; Dr. D. J. Warren, 1st Vice-President; Dr. R. L. Browing, 2d Vice-President; Dr. E. H. Stevenson, Secretary; Dr. J. M. Park, Corresponding Secretary; Dr. R. H. Gardener, Treasurer; Censors, Drs. J. N. Furgerson, Jacob Goode and G. F. Foster. Drs. Furgerson and Wall were appointed delegates to the National Eclectic Medical Association. Next session will be held in Little Rock, third Wednesday in May, 1886.

E. H. STEVENSON, Sec'y.

Hypertrophied Tonsils.

Dr. A. W. Calhoun, of Atlanta (*Atlanta Med. and Surg. Jour.*), in a clinical lecture says that:—

One among the most frequent cases of chronic deafness is the long continued irritation in the Eustachian tubes from hypertrophied tonsils in children. It is a disease peculiar to childhood, beginning very early in life, and is frequently congenital and hereditary. Almost always the disease attacks both tonsils—very rarely does it attack only one.

In nearly all such cases, characteristic symptoms accompany

the disease, viz.: difficult breathing, especially at night, sleeping with the mouth open because of the obstruction in the posterior nares, caused by the enlargement, muffled voice, more or less chronic pharyngitis, and, as the result of breathing through the mouth, cracked and broken teeth. The alternate contact of hot and cold air upon the teeth causes the disintegration of them, but the great danger is the deafness that usually follows long-continued hypertrophied tonsils, by reason of the extension of the inflammation into more or less pressure upon the mouths of the Eustachian tubes.

Children sometimes outgrow the disease, but while they are outgrowing it the danger to the hearing is constantly increasing; hence the necessity of active treatment in all children who have enlarged tonsils, and the necessity of disregarding the advice to "let them alone, they will outgrow it."

It is just as necessary for good hearing that air should circulate unobstructedly through the Eustachian tubes as it is necessary that air should pass unobstructed into the lungs for good breathing. It is too often the case that we see young adults with more or less impairment of hearing, as the result of a previously long-continued mechanical irritation in the throat and post-nasal region from enlarged tonsils, even though the enlargement at this period—the adult period—may have entirely disappeared. Proper attention to the tonsils at the proper time in childhood would have preserved the hearing and relieved the child of a great annoyance.

The causes of this disease are numerous, but in children, when not congenital or hereditary, it is the result of frequent catarrhal sore throat. The prognosis of all these cases is favorable if the proper treatment is instituted in time.

The treatment is very simple, but very radical. Only one thing is of any service, and that is excision of the tonsils. In my hands all other treatment has been not only of temporary benefit, but a great trouble and annoyance both to the child and the parents.

I read a pamphlet by a Frenchman some years ago, who advanced the original idea that removal of the tonsils "unmanned the patient, and that all the powers of procreation were lost."

He failed to say what effect it would have upon the females. I mention this statement as a mere curiosity, for there is not the slightest evidence to corroborate the assertion.

The hemorrhage that follows the operation is not great, usually stopping of its own accord in five minutes, but if it should not, it is easily checked by means of gargling salt water, or, if necessary, a few drops of muriate tinc. of iron in water may be gargled. Out of several hundred operations I have seen but one case of serious hemorrhage and that was secondary.

The after treatment consists of salt water gargle, fluid diet and good care for three or four days; the parts soon heal. It is well for every operator to become ambi-dexter, as by that means he can save a great deal of trouble.

Don't hesitate to remove tonsils when they are very much enlarged, and are a mechanical obstruction, and don't have any fears of "unmanning" your patient.

Lloyd Brothers, of Cincinnati, Ohio.

CINCINNATI, O., September 15, 1885.

To the Readers of the AMERICAN MEDICAL JOURNAL:—We beg to call to your attention the notice of the dissolution of the partnership heretofore existing under the firm name of Thorp & Lloyd Brothers. The business will continue under the new firm name, Lloyd Brothers.

In succeeding to the business of said firm, we hereby extend to you our thanks for past courtesies, and we trust that our relations in the future may be as pleasant as they have been in the past.

We shall use every endeavor to conduct it upon strict business principles, and we hope that it may be mutually pleasant and profitable to all with whom we are associated. Hoping for a continuance of your favors, we are

Sincerely yours,
LLOYD BROTHERS.

Editorial Note.—Prof. J. U. Lloyd has for many years made the chemistry of plants a specialty, and his labors are recognized over the entire country as having produced marked improvements in their pharmaceutical preparations. The pharmaceutical world has been enriched by his discoveries, and the

medical profession is indebted to him for the excellent remedies that appear from the laboratory in his charge, henceforth to be known as "Lloyd Brothers."

Water Melon.

GEO. C. PITZER, M. D.—*Dear Sir*:—I write to beg space enough in the *AMERICAN MEDICAL JOURNAL* to ask its readers to give me their experience as to the medical properties of the cucurbita citrullus, or water melon.

The information I desire is in regard to its use in dropsy, jaundice, or any other disease in which they may have used it. It is well known to be a most positive, speedy and efficient diuretic, and I believe would constitute a most valuable addition to our *Materia Medica* if its active properties were isolated and tested.

Please give me the result of your experience with the article, either by letter, postal card or otherwise, and I will compile and return all to you through this journal. Yours truly,

Lincoln, Ill., Oct. 12, 1885. WM. W. HOUSER, M. D.

Atropia vs. Morphia in Morphia Poisoning.

Dr. J. R. Brandt, of Green Bay, Wis., was called to see a married woman, who at 9.40 P. M. had taken gr. vij. of sulphate of morphia. Dr. Brandt saw her at 1.15 A. M., three and a half hours later. He found the pupils contracted to about a line, and would not respond to the light, face pale, lips bloodless, surface cool, and covered with a cold clammy perspiration, temperature 97°, pulse 60, and heart feeble. At 1.30 A. M. he gave an injection in the left arm, fifteen drops of a solution of atropia sulphate (grs. iv. to 3j). At 1.45 A. M. he gave half a teacupful of strong coffee. The pulse immediately became 78, steady and feeble. At 2 A. M. she vomited a large quantity of brown fluid, with odor of coffee. The pulse fell at once to 60, feeble, and so continued until 2.20 A. M., when it rose to 70, and vomiting began again, after which it fell to 60. Gave another half-cup of coffee. At 2.30 A. M. ten drops of atropia solution were injected, and in one minute she complained of an indescribable sensation, diplopia, pupils dilated to about two lines, and at 2.45

A. M. dryness of the mouth and fauces were complained of, desire to drink, and some retching, but no emesis, pulse 78, temperature 97.8°. At 3 A. M. she vomited again, and vomiting was repeated every twenty minutes; gave coffee each time. Five minutes before each vomiting spell, her pulse would fall to 60, and in a moment after would rise to 78. At 4 A. M. vomiting ceased, pulse rose to 80, temperature 98°; ordered her to go to bed, but she could not sleep. At 4.30 A. M. left the patient until 7 A. M., found the patient with violent frontal headache, very restless. Temperature 99°, pulse 85, face flushed, mouth dry. The patient continued to improve, and made a happy recovery. Dr. Brandt writes: "I gave $2\frac{1}{4}$ grain of sulphate of atropia; I think had I given $\frac{7}{16}$, *i. e.*, $\frac{1}{4}$ to each grain of morphia, it would have been dangerous."—*Medical Record*.

Metrorrhagia.—By JAMES E. FREE, M. D., OF EMPORIUM, PA.

From the *Med. and Surg. Reporter*, Aug. 8, 1885.—One of the commonest causes for metrorrhagia is exercise after childbirth. Subinvolution succeeds indiscreet conduct very often at this critical period, and the train of symptoms is as familiar as an old friend's face. Swelling, tenderness, pain in the pelvis and back, hemorrhage from the uterus, and jaundice, etc., etc., *ad finitum*.

In such case, the first thing to be done is to obtain rest.

If two important considerations are attended to—namely, rest and the exciting cause, half the battle is won; as soon as the roots of a tree are cut the trunk and branches wither, and if we are able to dam the fountain, the stream soon runs dry.

Nothing is so inspiriting to a patient as to realize that the physician has a system about his management of the case in hand, and very few will remain intractable when they are given to understand that they must bear a share of the responsibility. It is well nigh impossible to get a sick person's mind off her disease for any length of time, but it is possible to rouse a sluggish imagination by giving them something to do which will appear to have a direct bearing on their case, and such a consummation is devoutly to be wished.

The physician who makes a clear diagnosis of metrorrhagia

and at the same time recognizes the valuable assistance which rest is ready to lend him, besides seeing the cause for the disturbance of the uterine functions, is most likely to have at his command the means to accomplish a cure.

One of the most useful medicines in metrorrhagia is bromide of potash. None of the bright and shining lights of the profession have recommended its use so far as we know, but great men are not always discoverers; they sometimes swell to immense proportions on borrowed fame. Nothing is surer than the therapeusis of bromide of potash and ergot in cases where some of the trouble arises from a strained condition of the sensorium. Ergot, of course, is our sheet anchor, but it is not always the *sine qua non*.

We have before now succeeded in relieving a patient for a profuse hemorrhage by the use of morphia and bromide of potash; an overshadowing symptom in this case was cephalagia, which yielded nicely in a few hours, and was shortly afterward followed by the disappearance of the metrorrhagia, but worse than either was the itching eruption which appeared and obstinately hung on for a month.

Neither ergot nor the bromide should be used for any length of time, on account of their well-known effect.

Gallic acid in combination with ergot is also reliable in metrorrhagia, but one objection, and a powerful one by the way, is its disagreeable taste. No better astringent can be found than gallic acid in some cases of hemorrhage. Viburnum has healing in its wings sometimes, but it is such a vile-smelling compound that we have abandoned its use wherever practicable. Quinine, ergotin, and ferri sulph. exsicc. with gentian, make an excellent formula for pills to be used in metrorrhagia.

[Why didn't he mention mango bark?—PITZER.]

Pyrogallie Acid and Collodion for Psoriasis.

Dr. Geo. T. Elliot (*New York Medical Journal*) recommends the following application for psoriasis: *R.* Acidi pyrogallici, ʒiiss-ʒij. ; acidi salicylici, ʒss. ; collodii flex., ʒij. *M.* et *ft. sol.* Remove the scales by a warm bath, dry the parts carefully and apply the solution.

Texas Eclectics, Take Notice.

The annual meeting of the Texas Eclectic Medical Association will be held at Waco, Nov. 10th, 1885, the new McClelland Hotel being headquarters. It is earnestly hoped that every Eclectic in the State will be present at this meeting, as business of importance to the welfare of our profession will be acted upon. It was only by the united effort of the Eclectic and Homœopathic State Associations that the Allopaths were prevented from having proscriptive laws enacted by the last legislature. Eclectics, you have every reason to be proud of the position, as held by you in medicine. At Waco we ask you to rally once more around the old flag of Medical Freedom, and we promise you a feast of good things not soon to be forgotten.

A. H. COLLINS, M. D., Secretary.

Treatment of Subinvolution.

Dr. F. Ellingwood, in a communication to the *Chicago Medical Times*, states that he considers fluid extract of ergot and bromide of potassium as specifics in subinvolution. Regarding the benefit to be obtained from electricity we quote as follows: "Electricity is a most powerful adjuvant, if used in the form of the mild galvanic current, will rapidly produce an amelioration of the symptoms, and, if used immediately subsequent to confinement, will absolutely prevent the conditions and the long train of evils which surely follow, and will restore the womb rapidly to its normal state. The galvanic current judiciously applied will accomplish this restoration in three weeks."

Salix Nigra as a Sexual Sedative.

Dr. T. F. Paine, of Comanche, Texas (*Med. Age*), speaking from five years experience with this drug, states that during a practice of fifty years he has not used a remedy that has yielded more satisfactory results. He recommends it particularly as an anaphrodisiac, and as a remedy for ovarian irritation, including many cases of dysmenorrhea. He gives teaspoonful doses of Parke, Davis & Co.'s fluid extract of the buds three times a day. He thinks it has something of a specific action on the nerve supply of the sexual apparatus in both men and women.

Diagnosis of Gonorrhea in the Female.

Martineau, at a recent meeting of the Paris Obstetrical and Gynecological Society (*Canadian Practitioner*), stated a most important fact by which specific can be distinguished from simple vaginitis. It depends upon this, that in the specific form of the disease the pus is always acid, while in the simple it is alkaline.* It is very easy, therefore, to decide by a piece of litmus paper as to whether a woman is not suffering from gonorrheal inflammation. This sign will prove of value, too, in determining when rape has been committed, whether the person committing the crime was affected with gonorrhea, for then the vulvitis would be characterized by an acid discharge, while in the simple form of the disease the discharge is alkaline.

Hemostatic.

It is claimed that two parts of chloroform to one hundred parts of water is an excellent hemostatic. In operations about the mouth and throat chloroform water instantly checks the hemorrhage by closing the open mouths of the bleeding vessels. It is also useful as a spray after excision of the tonsils—*Mississippi Valley Med. Monthly*.

Watson's Chlorine Mixture.

An inquiry for the formula for this from a subscriber led us to print it for the benefit of all our readers. R. Potassium chlorate, ʒij.; hydrochloric acid, ʒij.; water, ʒiv. M. Keep in a dark bottle loosely stoppered until effervescence has ceased. The usual method of ordering it in prescriptions is as follows: Chlorite mixture (Watson's), ʒij.; water, ʒiv. M. Occasionally to this is added 10 grains of the chlorate.—*Pharmaceutical Record*.

To Arrest Hiccough.

Dr. Ramos asserts that hiccough may be at once arrested by wetting the lobe of the ear with cold water, or with any fluid which by its evaporation will produce a slight degree of refrigeration.—*Med. Record*.

[* This may satisfy the reader, but we have doubts.—PITZER.]

Galvanism for Neuralgia.

Dr. Mattison, of Brooklyn, calls attention to the value of galvanism for the relief of neuralgic pain, not because there is anything new in the treatment, but to point out the fact that electricity may often be used instead of morphia, and spare the patient the danger of contracting the opium habit. He has found that very weak currents only are required in most cases, and laments the absence of small galvanic batteries easy to carry about, believing that the bother of transporting the galvanic batteries of the usual 'portable' size often prevents physicians from trying the remedy.—*Iowa State Med. Rep.*

Cocaine in Reflex Diarrhœa of Teething.

A number of cases of inflammation of the gums in teething children, associated with diarrhœa and fretfulness, have been reported through the journals as relieved by the application of cocaine. A four per cent. solution is applied to the swollen gum, and in half an hour is repeated. The remedy may be resorted to every six or eight hours, but it is claimed that the inflammation and the reflex disturbance rapidly subside. — *Mississippi Valley Med. Monthly.*

Sciatic Neuralgia.

Place sponge electrode, attached to negative pole (galvanic), at upper portion of inside of thigh; manipulate over sacrum nates and down outside of limb with positive pole. Treat through and through all the way there is pain. Then place foot in warm water; with negative pole manipulate from sacrum down, outside of thigh and leg, as far as the pain extends. Treat for fifteen minutes daily until improvement, then less frequently. — *Electro-Clinical Record.*

A Fatal Mistake.

A few days since a physician in Hoboken, N. J., ordered some powders containing ten grains of quinine each for two young ladies. By mistake the druggist put up morphia instead of quinine. One powder was taken by each of the girls, with fatal results.

Cleaning Powder.

A good cleaning powder for show windows, which leaves no dirt in the joints, is prepared by moistening calcined magnesia with pure benzine so that a mass is formed sufficiently moist to let a drop form when pressed. The mixture has to be preserved in glass bottles with ground stoppers, in order to retain the easily volatile benzine. A little of the mixture is placed on a wad of cotton and applied to the glass plate. It may also be used for cleaning mirrors.

Cocaine-Nitric Acid for Moles, etc.

The mole should be surrounded by a little "cell" or ring of wax, so that the acid can be applied direct, without fear of disorganizing the adjacent skin. As nitric acid by itself sometimes occasions a good deal of smarting, it is better to avoid this by mixing cocaine with it. *R.* Nitric acid (S. G. 1,340), fl. ʒj.; cocaine, gr. vj. This should be kept in a bottle with a good-fitting stopper. The end of a glass rod is dipped in, and then cautiously applied to the mole or freckle once or twice a day, and the unsightly spot has its vitality destroyed without pain, being then easily and effectually removed.—*British and Colonial Druggist.*

For Nervous Headache.

Nervous headaches, as the neuralgic, periodic and hysterical forms, are quickly and effectually relieved by the topical application of bisulphide of carbon. A wide-mouthed, stoppered bottle is half filled with cotton or sponge, and upon this two or three drachms of the solution are poured. The mouth of the bottle is applied as near as possible to the seat of pain, closely, and retained for a few minutes. It generally acts like magic.—*Physicians' and Surgeons' Investigator.*

Treatment of Ringworm.

Alder Smith (*Brit. Med. Jour.*) recommends the use of chrysophanic acid dissolved in chloroform, in the proportion of seven grains to the ounce. He says that it is the most efficient treatment he has yet tried.—*Four. Cut. and Ven. Dis.*

For Gonorrhœa and Gleet.

EDITOR *Medical World*:—An efficient formula in gonorrhœa and cases of gleet without stricture is this: R. Liqui bismuthi et hydrastis (Merrell's), ℥j.; Listerine, ℥ss.; solut. morphinæ (Magendie's), ℥ ijss.; aquæ, ad. ℥iv. M. Sig. Use as an injection three or four times daily, retaining the same from three to five minutes.

The above has met with the most phenomenal success.

St. Louis, Mo.

E. A. CHANCELLOR, M. D.

Ergot for Headache.

EDITOR *Medical World*:—In answer to Dr. Palmer's request concerning ergot for nervous headache, I cannot remember ever using it alone for that affection, but in cases of over-worked and anæmic females, with pain in the back, extending to the head, I have been successful by the use of the following: R. Fl. ext. ergotæ (Squibb's), ℥j.; fl. ext. valerianæ, ℥iij.; potass. bromidi, grs. xxx.; syr. auranti cort., ℥j. Two teaspoonfuls every three hours, until easy.

S. R. LOVING, M. D.

Fox Creek, Mo.

Facial Neuralgia.

Dr. O. G. Darling, of Brooklyn, New York, in the *Therapeutic Gazette*, claims that mur. of ammonia, in half drachm doses, every half hour, if necessary, until three or four doses have been taken, is a specific for facial neuralgia. He is in the habit of continuing the remedy in smaller doses, say ten grains, three or four times a day for a day or two after the neuralgia subsides. It is also valuable for toothache.—*Atlanta Med. and Surg. Jour.*

Hysteria.

R. Tinct. castor dil., mʒj.; dil. phosphoric acid, mʒj.; comp. tinct. valerian, s. q., ℥j. M. Dose, ℥j.—*Columbus Med. Jour.*

For Head Lice.

R. Corrosive sublimate, gr. ij.; acetic acid, dil., f, ℥j. M.—*Louisville Med. News.*


Bromide of Arsenic for Pimples.

It will be a great relief to suffering thousands to learn, on as good authority as Dr. Piffard, that the bromide of arsenic is a cure for pimples. He recommends a one per cent solution, of which one or two minims are to be taken in a wine-glassful of water three times a day, on an empty stomach. The dose is to be diminished as the pimples begin to disappear.—*Med. Age.*

Crural Neuralgia.

Place sponge electrode, attached to negative pole (galvanic), at upper portion of outside of thigh; manipulate inside, from upper portion down the limb, with positive pole. Treat through and through as far as pain extends, placing foot in warm water; with negative pole manipulate whole inside portion of thigh from above downward, as in sciatica.—*Electro-Clinical Record.*

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THE
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ORIGINAL COMMUNICATIONS.

ART. XLIII.—A Case of Uterine Fibroma.—Removed.—General Observations.—By PROF. E. YOUNKIN, M. D.

On October 20th, 1885, I arrived at Mammoth Springs, Arkansas, having been requested by Dr. R. F. Jones to come prepared to operate in a case of abdominal tumor, supposed to be ovarian in character. I arrived at dark, but proceeded immediately to the examination of the patient. She was a single lady—a mere girl of sixteen years of age. She was in excellent spirits, not emaciated, and felt gratified that the time had come in which she might try what prospects there were in an operation. Indeed, she had had the great dangers of an operation fully laid before her, but she remarked that “it is death as it is, and if there is one ray of hope in an operation” she wanted that chance.

I found the abdomen enormously distended. The neoplasm could be felt beneath the abdominal walls, round and uniform throughout; no nodules or prominences. The mass seemed dense, though apparently slight fluctuation in some of its parts. The ends of the fingers could be pressed around its borders along the sides, and traced upwards over the stomach and downwards towards the uterus. It could be pushed but slightly to either side, but not upwards or downwards. Some adhesions were recognized, and these, it were thought, might be considerable.

The umbilical region was quite prominent, and the enlargement extended still upward, though respiration was not materially disturbed. Digital examination proved the girl's virginity. The uterus was normal in size and position, and it was mobile. I did not sound its cavity, but the sequel shows the cavity unchanged. Menstruation had been regular, and was unattended with any special inconvenience. The morbid growth had been observed about three years. Small at first, but had a gradual development up to the present time and to the present dimensions. I was informed that it was first observed to lie on the right side, in the region of the right ovary, though in this I now think I was misinformed. The tumor now seems equal on both sides.

For a time the girl had been the subject of much neighborhood comment, as she was suspected of being *enceinte*, until a decision of doctors dispersed this impression.

From what I could gather of the case, I could find no special impediments in the way of an attempt to remove the mass, though I was careful to state that the knife often revealed things that were otherwise obscure.



Fig. 1.

The next day, under my usual antiseptic precautions, in the presence and by the assistance of Drs. Wood, Dietrich, Jones, Fisher and others, I began with an exploratory incision. Opening the peritoneum, we came to the walls of the tumor. The omentum was out of the way and adherent above. The first sight showed a glistening mass, with very large veins running their blood from above downwards, toward the uterus. The size

of these veins seemed as large as a Faber pencil, and were thickly set over the entire mass. I saw at once we had to deal with a tumor of great vascularity. A still further investigation showed that we had a solid mass, or nearly so, which could not be emptied and collapsed. I now enlarged the abdominal incision, cutting three inches above the umbilicus and down to the pubes. The tumor had some adhesion to the peritoneum and omentum, but these were readily broken down. Still the tumor seemed fixed in its bed. I now attempted to cut into the mass between the veins as much as possible, and tying those veins I cut, but the toughness and vascularity caused me to abandon the project of taking out the inside. Searching again for the remaining adhesions, with an assistant we raised the mass out of the abdominal wall, as seen in the cut (Fig. 1). It was now observed to

be fast to the Fallopian tubes, their whole length on either side, and having a thick peduncular attachment to the body of the womb.

The second cut [Fig. 2] gives a view of its growth from the uterus, and shows also how closely the tumor rested without any length of pedicle, and how it grew without disturbing the uterine cavity. So symmetrical, so round, and large was the neoplasm, and so thick and short the pedicle, that its separation was attended with the greatest difficulty. I succeeded, however,

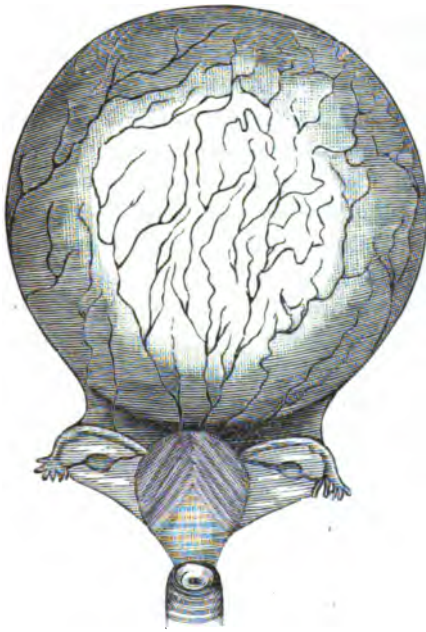


Fig. 2.

in securing each side with a silver-wire ligature; after which I grasped the peduncle with a pair of clamp forceps, and divided the parts with the scissors and squarely between the tumor and the

uterus. All was done without the loss of much blood. The abdominal incision was now closed. The operation required two hours of the hardest work. The tumor weighed eighteen pounds.

The patient bore the operation well, and rallied well from the anæsthetic. Twenty hours afterwards I left for home. At that time she seemed easy, but somewhat depressed. She talked hopefully, and stated that she suffered but little pain, but she died of exhaustion thirty hours after the operation.

Spencer Wells has very justly said, that "the diagnosis of uterine from ovarian tumors is a difficulty which frequently arises in practice, which may often be solved with great ease, which as often requires much cautious investigation, and which in some can only be cleared up by an exploratory incision."

Lizars opened the abdomen for an ovarian and found a large uterine tumor. The first tumor of Dr. Granville's operations in London was supposed to be ovarian, but proved to be uterine. "In fact," says Wells, "it has happened to many surgeons, and to myself among the number, that we have commenced operations as ovariectomy, and even removed tumors from the abdomen, under the impression that we were dealing with diseased ovaries, when, upon examination, they have proved to be pedunculated fibroid outgrowths from the uterus." Again, the same writer says: "I have recorded cases where I removed large uterine tumors containing solid fibroid masses many pounds in weight, and cyst-like cavities containing more than twenty pints of fluid, these tumors being so far pedunculated outgrowths from the peritoneal surface that the mobility of the cervix uteri was free, and no enlargement of the uterine cavity could be detected by the sound."

The above case proves quite conclusively that uterine tumors, as well as ovarian, may lead to very great enlargement of the abdomen, even though we are often told by men of experience that a tumor must be ovarian because it is too large to be uterine; and, from my own experience, I can add that uterine tumors may be either regular or irregular, smooth or lobulated, round or ovoid; hard, elastic, or fluctuating; either tender or insensible to pressure; adhering or not adhering to the abdomi-

nal walls; a depressed umbilicus or a raised umbilicus; and that there are numerous exceptions to all the rules given for the diagnosis. But in the above what else could be done? Death was inevitable in no far distant period, and numerous cases are recorded in which the removal of the uterine tumor has saved life. Out of thirty-nine recorded cases nineteen recovered, and out of thirty-one cases of partial removal and exploratory incision twenty-six recovered. Were I ever again to deal with the same conditions I would follow the same plan, with a hope of reaping better results, for I know of nothing that promises better results in such extreme cases.

ART. XLIV.—The Status of Gynecology.* — By G. A. ROWE,
M. D., St. Louis.

The word gynecology is an old term in medicine, signifying the description and treatment of the *diseases of women*. I believe it would be better to confine the term more particularly to diseases of the reproductive organs of the female.

It has not been until late years that it has attracted much attention, but now we find it developed into a *specialty*. Specialists of all kinds are constantly bobbing up, and the contest sometimes waxes warm in the effort to muster the greatest number of followers. For a long time the balance was on the side of the venerealists, but they have had to surrender the flag to gynecologists, as the army of gynecologists to-day is probably more formidable than that of any other particular department. The specialist who hits the happy chord to success in his particular branch naturally stimulates a feeling of envy in the hearts of others who aspire to prominence and position, and causes them to confine their labors to special channels. Medical men, like all other men, lose their heads sometimes, and are carried away by some particular fancy, but few of them, however, live to realize largely from their undertaking. It is a very easy thing for a man to *call* himself a *specialist*, but it is altogether a different thing to *be* one. No man can be a good specialist in medicine without being a good physician. He must be an in-

* Read before the Eclectic Medical Society of Missouri, at St. Louis, Oct. 8, 1885.

investigator, a student, an observer. He can not be a man of *one idea*, but a broad, liberal thinker. He must learn to do his own thinking, and not wait for somebody else to think for him. It requires just about as much effort for a physician to think in a straight line as it does for a drunken man to walk on one, and he can never hope to do much in his profession if he is unable to think.

The wheel of progress has turned wondrously fast in the medical world during the last decade, and to even keep pace with it requires energetic belaboring of the intellect. The purpose of this paper, however, is not to review medicine generally, but to take a look at the gynecological department and see what is doing there.

The discovery of antiseptics has done wonders for gynecology, and has had as much to do with its advancement as any ingenious contrivance. Many ridiculous things have been said and done since Lister's discovery, yet no one can deny the good accomplished. Whilst I cannot swallow the germ theory of disease in its entirety without gagging a little, I fully realize the benefits of antisepticism—gynecology is better off with antiseptics than without them. I very seldom introduce my finger, or an instrument, into the uterine cavity without first immersing it in an antiseptic solution. Neither do I attempt any surgical operation upon the uterus or any part of the reproductive apparatus without observing antiseptic precautions. Puerperal fever, so threatening to the life of the patient, is balked in many ways—robbed of many victims—by the energy of antiseptic remedies. In short, no wide-awake gynecologist thinks of treating the great variety of diseases coming before him without a bottle of antiseptic solution sitting near at hand.

Exploratory incision, for the purpose of diagnosing certain obscure diseases, is now a legalized procedure. Dr. Houston was the first surgeon to do this, when he cured an ovarian dropsy by an incision into the abdominal cavity. It slowly grew in favor, and to-day, when there is any doubt as to the nature of the disease, it would be neglectful, if not criminal, not to open the abdomen and search for the cause. No very great harm can come from it, and many times great good results.

In 1809, Dr. McDowell, of Kentucky, performed the first ovariectomy. Up to that time abdominal section was scarcely thought of to relieve uterine and ovarian diseases, whilst it is almost a daily happening now. Women suffering from uterine, ovarian or tubal disease, who a few years ago would have been permitted to die, or weary away a life of wretchedness, can now be offered many assurances of cure and comfort. Removing ovarian tumors by abdominal section gives very encouraging results, but the practice of tapping in such cases is growing into disfavor because of the adhesions which usually follow. Fibroid and myomatous tumors are removed with a mortality of less than 35 per cent.—a remarkably low per cent. considering the nature of the disease. Removing the ovaries, it is well to remember, sometimes checks fibroid growths. Ovariectomy, laparotomy and hysterectomy, therefore, are thoroughly legalized proceedings for the relief and cure of various diseases of the organs of the pelvis and abdomen. The difficulty with the operations does not lie so much in the performance of them as in the ability to tell when to perform them. The surgeon does not always manifest the greatest degree of skill in performing the operation, but in deciding *when* to perform it. These operations occasionally frighten the timid physician, not only because of their magnitude and his possible lack of equipment, but because the responsibility is too great. Then, again, some would hesitate because of a want of anatomical knowledge, and I would advise that no one undertake these operations without his anatomy well in hand. In intractable cases of *dysmenorrhæa*, when all other means fail to relieve, cure is effected by removal of ovaries. I think the treatment very heroic for the disease, and should hesitate some time before resorting to it. It is to be remembered that removal of the ovaries renders the woman sterile, yet many prefer a condition of sterility to one of fertility.

Ovarian abscess, which always has been a menace to future health, can be treated quite satisfactorily and very often cured. However, the treatment is not yet what we could desire it, and the actual removal of an ovary containing pus suggests itself to me very forcibly. If the ovarian abscess is tapped and the pus drawn off, there is great liability to the formation of adhe

sions to adjacent viscera, which is certain to induce delicate health; therefore, if the suppurative tendencies can be detected before adhesions take place, the operation would be justifiable.

Perineorrhaphy has for a long time been recognized as the best treatment for ruptured perineum, and deservedly retains its merits. It is a very simple operation when involving only the perineal body, but when the rectum is severed the operative procedure becomes more complicated. A few sutures introduced into a torn perineum any time from a few minutes to six hours after occurrence will cause union by first intention; but delayed longer than twelve hours, it will either not unite at all or heal by granulation. In old lacerations the edges of the wound must be freshened before stitched.

Laceration of the cervix causes many other distressing symptoms than those of cervical or uterine catarrh, and an operation for closing the rent has now an established place in gynecological surgery. Trachelorrhaphy, or Emmett's operation, which is the name of the surgical procedure for closing the rent in the cervix, is not very difficult to effect, nor is it the easiest. We experience some difficulty in diagnosing a laceration sometimes; but with a tenaculum in the posterior lip, drawing it low down in the vaginal vault, and another in the anterior lip, they can be rolled together, and the chasm outlined. A laceration can also be seen through a speculum in favorable cases, or felt with the finger. The occasional failure of trachelorrhaphy to cure leucorrhœa and many other reflex symptoms does not contraindicate the operation so much as its effects upon child-bearing. Statistics seem to indicate that the operation favors sterility and renders future labors more tedious. I cannot understand why or how it should favor sterility, but I can understand how it can interfere with labor, from the fact that the cicatrix may prevent speedy or complete dilatation of the cervix.

Sterility, which is such a bugbear to the physician, can be treated very successfully. It is not infrequently the case that physicians are importuned by patients to establish a condition of fertility for them. Particularly is this the case when large estates are at stake, with no heir to inherit. Desiring a legal

heir, they press the physician to furnish them favorable circumstances for impregnation. This can very often be done, though it requires care and perseverance. The treatment is both local and constitutional, although I generally depend more on local treatment. The uterine mucosa must be given *new life*, which can not be done by indirect measures. Sometimes, however, the cause of the sterility is conspicuous, when it must be removed.

Vesico and recto vaginal fistula frequently result from tedious labors, and the urine and fæces escape through the vagina. This is certainly a deplorable state of affairs, and the life of the woman is most wretched. To remedy this unhappy condition requires operative procedure. The edges of the wound are freshened with scissors or bistoury; a number of wire or catgut sutures draw the freshened edges together, and close the rent. Either of these operations are more difficult than trachelorrhaphy, and with the most skillful hand a second or sometimes third operation is required.

Prolapsus uteri still remains a difficult thing to overcome. Prof. T. Addis Emmett, of New York City, performs an operation upon the vaginal walls which, though not intended to support the uterus, yet it does so by virtue of maintaining a radial distance between the symphysis pubis and uterus, so that the anterior vaginal wall can not fold upon itself and sink down into the vagina. Dr. Emmett's operation possesses many virtues, and will in all probability become popular. The vaginal walls afford strong support to the uterus, and so long as they are relaxed or prolapsed the uterus will not remain in place. Another operation—and one which I look upon with great favor—is that known as the Alexander operation. It consists in cutting down upon the external abdominal rings, finding and seizing the ends of the round ligaments, drawing them out until taut—the uterus being at the time held in position of anteversion by means of a sound in its cavity—and stitched in their tightened condition to the column of the rings. The uterus is to be kept from dragging upon the ligaments for a couple of months by means of a Hodge pessary. The abdominal incision heals by granulation, and the relief seems to be permanent. The operation is very

easy, the greatest difficulty being probably to find the round ligaments. I think the operation a most promising one, and shall certainly put it in practice at my earliest opportunity. There are no dangers of any importance, and the hemorrhage is scarcely perceptible. To successfully treat prolapsus uteri, however, we must be certain to maintain the integrity of the vaginal walls, the direct supporters of the uterus.

Flexions and versions, like prolapsus, are not treated as satisfactorily as we would like. We must always search for the cause in these cases, and endeavor to remove it. Versions are very often due to the puerperal condition, in which the ligaments have not recovered their tonicity, and involution has been incomplete. Enlargement of the cervix, or a bandage applied too tightly, may cause a version. I do not depend much upon pessaries in treating displacements of the uterus, for when I do I am generally disappointed. The Alexander operation, which has just been described, promises to be of great value in treating flexions and versions.

Carcinoma uteri remains incurable. A few instances of cure have been reported, in which the uterus has been removed, but the disease is likely to return. The uterus is removed quite often of late years, not only for the cure of cancer, but many other diseases. In large fibroid and myomatous tumors, in extensive adhesions in which the uterus cannot be separated from the diseased mass, it is sometimes removed. There are two ways of removing the uterus—one by abdominal section, the other through the vagina, called the supra-vaginal method. I wish to call attention to one thing in cases involving removal of the womb which affects the mortality-per-cent very considerably. It is the use of the *elastic* ligature to control hemorrhage. The ligature is thrown around the neck of the womb and the mass divided *above* the ligature. After division, the stump is to be transfixed, and, if not too large, dropped back into the pelvis. Where abdominal section is practiced now, the intra-peritoneal method of treating the stump is pursued more often than the extra-peritoneal. I can not take more time to speak upon this interesting subject, and all that was attempted in this paper was to speak of *some* of the things that were being done. I could

neither mention nor enter into the details of all the diseases and their treatment, because that would require volumes. In conclusion, then, I will say: In treating diseases of the womb, use no harsh methods; handle it gently, for it will quickly rebel against cruel treatment, and defeat all efforts of cure. The greatest curative properties are not always found in the most powerful remedies, but in the milder ones; and to insure any degree of success in treating gynecological cases, let the *purpose* for any undertaking be kept clearly in mind.

ART. XLV.—Fracture of the Skull.—By W. S. BAIN, M. D.,
CADDO MILLS, TEX.

On the 24th of October, 1885, I was called to see Mr. S., æt. 20 years. Found the patient with an ugly fracture of the os frontis, which he had received from the kick of a horse five hours previously. The fracture measured in a straight line three inches in length by one in width. The brains were oozing out of the wound, and had accumulated in a ball about the size of a small hen's egg. I had no way of weighing the brain substance that had run out, but would suppose there was a loss of one ounce at least. The patient had recovered from the shock sufficiently to be roused up, but would answer questions incoherently. The pupils of the eyes wildly dilated, and there was hemorrhage from the nose, with cold hands and feet. I found someone had sutured the wound, and had drawn the edges of the skin together. I removed the suture, and all the fragments of the skull from the wound. I then introduced my finger, and removed all the slivers of bone from the brains, and then washed the wound with bichloride solution—1 to 2,000. I approximated the parts with adhesive plaster, leaving drainage at each extremity of the wound.

On the 25th patient seemed more rational. A small amount of brain substance had passed, which was removed with the dressing. There was some swelling of the eyes, and hemorrhage from the nose, and patient complained of sharp pains in the head. Gave elix. valerian, ammonia and morphine, 3j. every hour until easy. Tongue coated with heavy, yellow fur. Gave hyd. chlo. mit., grs. v.; podophyllin, gr. ½. Temperature, 102°. Rested well during the night.

26th.—Bowels moved—dark, bilious discharges. Temperature, 102½. Pain not so severe in the head; hemorrhage from nose about stopped; eyes swollen and sensitive to light; pupils dilated, more rational; continue the bichloride dressing; rested well during the night.

27th.—Temperature, 100°. Swelling of eyes not so bad; complains of some pain in the head; eyes sensitive to light; pupils not so much dilated; no hemorrhage from nose; seems to be perfectly rational.

28th.—No pain in the head; temperature, 99°; swelling of eyes about gone; no hemorrhage from nose; says he is hungry, and calls for food; slight dilation of pupils.

Nov. 1st.—At this time patient is up and walking around. Temperature, normal. He has a good appetite, and says his head does not hurt. Eyes are slightly sensitive to light; rests well at night; wound healing finely, and he will start in a few days for Western Texas, where he resides.

ART. XLVI.—A Victim of the So-called "Regulars."—Quinine Pad vs. Quinine Ointment.—By F. W. OWEN, M. D., BONHAM, TEX.

About the 20th of August, 1885, Mr. D. called at my office, stating that he was hunting for some one who could break the chills, and if I thought I could break them he wanted me to go home with him. I told him I thought I could. On the way I learned the following history of the case: A child of Mr. D.'s, aged about six months, had taken intermittent fever near the first of the month. Dr. C. (a young regular living near) was called in. He stated that it was impossible to tell "jest what was the matter with a baby," and prescribed hydrag. chlor. mit. and quinine. This treatment was kept up for one week, and during the time the child had taken fifteen doses of calomel, vomiting everything else in the form of medicine, and was growing worse every day.

Dr. L. (the boss), *very* "regular," was called in to take charge of the case. After examining the case, he confirmed Dr. C.'s diagnosis: "It's a fact, a body can't tell just what is the matter with a baby," but believed it was mostly "chills."

Prescribed hydrarg. chlor. mit. and quinine. This treatment was kept up for a week longer, during which time the child had taken ten doses of calomel. As it vomited the quinine, he prepared a strong ointment of quinine, and applied it to the whole surface of the body, and as a last resort gave the mother huge doses of quinine. His patient grew worse continually; the paroxysms, which had been occurring every other day, came on every day and became congestive. The friends became disgusted with the treatment, and concluded to "change doctors." I was then called upon, and found the babe in the following condition: Had had hard chill two hours before I saw it; pulse small, and very rapid; temperature high; spleen greatly enlarged, on account of venous engorgement; skin, of a dusky appearance; a white coat on tongue. I showed the parents the enlarged spleen, and how the babe screamed when pressure was made on it. They decided that something could be told about a sick child. I prescribed as follows: *R.* Tr. veratrum vir., gtt. x.; tr. pulsatilla, gtt. xv.; tr. belladonna, gtt. v.; water, ℥ij. *M.* S. Teaspoonful every two hours. Sulphite soda, 1-grain doses every three hours. *R.* Quinine, ℥ij.; *G.* camphor, grs. xv. *M.* Make pad 2x5 inches, grease one side, apply over spleen. Had light fever next day. On the 11th day the pad was taken off—sedative all gone. Took hard chill on the 12th day; renewed sedative, and had no more chills.

I think the quinine pad far superior to the quinine ointment so often used.

I report this case to show how our self-styled "regular" brethren sometimes punish their patients with so simple a disease as intermittent fever.

ABSTRACTS.

Cocaine in Affections of the Upper Respiratory Passages.

Dr. J. Strahan, in a short article on this subject, says: The fact that Jellinek has produced complete anæsthesia of the larynx by the application of cocaine, points to a vast field of usefulness for that drug not hitherto explored. To secure anæsthesia of the

larynx, epiglottis, palate and pharynx, must prove an invaluable boon to the profession and the patient in the immediate future. Even the action of carbolic lotion or lozenge in throat affections, as an anæsthetic, is by no means to be despised; so that we can easily imagine the comfort, relief of pain, and even avoidance of danger to life in cases of spasm of the glottis, likely to result from the use of cocaine. It has been used with perfect success in operative procedures about the larynx, but has not yet been tried for diphtheria or croup. It is obvious what a boon the addition of cocaine applications would be to any plan of treatment. It could be applied by ordinary swabbing with a four-per-cent. solution, or by insufflation with the dry powder, or the solution could be sprayed when we wish to reach far down. Even if the applications have to be made as often as every half-hour, for a little while, the trouble would be as nothing compared with the ease and safety of the patient. In case of necessity the nurse could apply it well in any form, if taught. The addition of a couple of drops of chloroform (a solvent of cocaine) to the ounce would prevent the formation of fungus in the solution, as it does in the case of solutions of atropia, morphia, strychnia, tartrated antimony, and indeed all solutions usually spoiled by fungi. This would conduce to economy, as the solution without any preservative soon spoils, and it is then liable to excite acute inflammation in mucous membranes, instead of curing it. Of course the chloroform must be dissolved in the alkaloidal solution, by agitation in a bottle not more than three-quarters full. This amount of chloroform causes no irritation, even to the eye, as I constantly use preserved solution of atropia, without causing the slightest pain.

We have now evidence that a four-per-cent. solution of cocaine painted on the nasal mucous membrane, besides causing anæsthesia, contracts the capillaries, drives out the blood, and causes a membrane swollen and red to become shrunken and pale. In coryza, even where the nares are obstructed by swelling, a strip of lint, soaked in the solution and pushed into the anterior nares, speedily removes the swelling, permits the passage of the breath, and, repeated once or twice, even permanently cures the disease. From these considerations, it seems to me that cocaine is des-

tined to become an indispensable aid in all acute inflammatory diseases of the upper respiratory passages. In laryngitis, croup, diphtheria, scald of the larynx, simple or reflex spasm of the glottis, and even in chronic laryngeal affections, life often depends on the absence of fits of spasm; and the only remedy, when it occurs often enough or severely enough to threaten life, is tracheotomy. If cocaine, by inducing complete anæsthesia of the parts, prevents these spasms even in part, it will be an invaluable addition to the treatment of these diseases. We have some evidence that it will do so, from the fact that the imperfect means on which we have hitherto had to rely for anæsthetizing the larynx, pharynx, etc.—namely, bromides and chloral—do very markedly diminish the tendency to spasm of the glottis in croup for instance. For that reason, among others, I am of opinion that a combination of bromide of potassium and hydrate of chloral constitutes the very best treatment for croup, at least so far as the systematic remedies go. The bromide diminishes the number and intensity of the laryngeal spasms; the chloral, in addition, acts as perhaps the most powerful antiphlogistic we have in such cases; it greatly reduces arterial blood pressure, diminishes body-temperature, and acts as a powerful germicide, both generally and locally. The local use of cocaine, and the constant inhalation of some efficient antiseptic vapor, such as that of eucalyptus oil, or of turpentine and tar, in addition to the internal treatment described, and with proper attention to alimentation, would seem to me to be an almost perfect therapeutic plan for diphtheria, croup, and many other diseases of the respiratory passages.—*Brit. Med. Journal*.

Direct Interstitial Medication by Dielectrolysis.

The New York *Medical Journal* refers to a new therapeutic measure that must excite universal attention. M. A. Bron-
del, of Algiers, brought forward a novel plan of medication at a recent meeting of the Paris Académie de Médecine (*Rev. Méd.*). By the term dielectrolysis (diélectrolyse) he refers to a substance for making a nascent chemical process pass through the tissues. For example, taking iodine, a body which is really "dielectrolyzable," he applies to any desired part of the person a com-

press wet with a solution of iodide of potassium, and over it he places the negative electrode of a galvanic battery, the positive electrode being held against any indifferent part of the body. The iodine leaves the potassium, and (actually traversing the intervening tissues) rapidly arrives at the positive electrode, as may be ascertained by testing with starch paper. In effect, therefore, this is a hypodermic, or rather interstitial (intra-organique), method without wounding the skin or producing pain. As a great number of simple bodies may thus be made to penetrate from one point to another, the practical applications of the new method may be very numerous and very important. By it the author has cured fibrous tumors of the uterus, a case of perimetritis, a rheumatic ovarian neuralgia, and several cases of chronic rheumatism. He has in view further trials upon parasitic and malignant tumors, diseases of the skin, syphilis, neuralgias, etc., and especially pulmonary consumption, on which latter he proposes to try the action of various mineral antiseptics, such as arsenic, mercury, fluorine, etc.—*Weekly Med. Review*.

Syzygium in Glycosuria.—By E. HALE, M. D., CHICAGO.

Several months ago there appeared in the London *Lancet* a notice of the use of syzygium in the treatment of glycosuria. The seeds are the officinal portion. It is an East Indian plant, and is used in diabetes by the native physicians, who give the pulverized seeds in 20 or 30-grain doses. Their use gives rise to no unpleasant symptoms, gastric, intestinal, or urinal, but they have an undoubted power to lessen the sugar in the urine.

Dr. Hughes, of London, in the *Homœopathic World*, reports one case which improved under drop doses of the 20th dilution.

I have lately had an opportunity of observing its effects in two cases of glycosuria, and the results are worthy of record.

CASE I.—Mr. C. C. C——, a very wealthy and intelligent gentleman of Chicago, several years ago—four or five—found that he was suffering from glycosuria. He was at that time traveling in Europe, and was treated by the most eminent physicians in London, Paris and Vienna. The amount of sugar fluctuated from 12 to 20 per cent, never less than 12. No medicine or diet was able to reduce it below that quantity. The

specific gravity was always high, 1.036. Quantity usually 10 to 12 pints. He had lived on skimmed-milk and gluten bread for a year at a time. Had taken every known remedy in both schools. I put him upon bromide of arsenic, and again upon lycopis vir, but with no change. A few weeks ago one of his medical friends showed him the London *Lancet*, in which was a mention of *syzygium*. He immediately telegraphed to New York and London, and after weeks succeeded in procuring the seeds. From these he had a decoction made, according to the following formula:

R. Pulverized seeds of *syzygium*, one ounce; hot water, one pint. When sufficiently infused, add glycerine, one ounce, which prevents fermentation. Dose: one teaspoonful three or four times daily.

Mr. C. took this preparation ten days, sometimes taking a tablespoonful. No pathogenetic symptoms were observed. As to its curative effects, I can but describe them by giving *verbatim* a characteristic letter from the patient himself:

CHICAGO CLUB, June 10, 1884.

DEAR DR. HALE:—*No Sugar!* sp. gravity very high, 1.036, but no sugar. That is the most remarkable medicine in the world, for that purpose. Proclaim it to the world! From 12 to 15 per cent. of sugar, never under skim milk reducing the amount below 7 per cent., it has come after *ten* days' use of *syzygium* to *no sugar!* Only highly concentrated, 7 per cent. of urea, but that does not matter. It will take out the sugar. I have kept records for two years, and never before without finding large quantities of sugar.

A daily record and a monthly analysis (I have made for two years): *Quantity* reduced at once from eight to nine pints in 24 hours to less than four. It will show that result within 40 hours, yes, within 30.

Yours sincerely,
C. C. C.

The next day Mr. C. started for Europe, promising to report on his arrival. I may be able to give his report appended to this paper.

CASE II.—Mrs. Clark, aged 70. Sugar was first observed in the urine two or three years ago, but probably had been present before, as she had been failing in strength and becoming emaciated before that date. Had been under the care of a physi-

cian, who gave her acids (phosphoric, nitric) in large doses, with some improvement. Before giving syzygium the urine showed 10 per cent. sugar; sp. gravity, 1.036; quantity, 4 quarts. Prescribed 5 grs. of a trituration made by mixing equal parts of the pulverized seeds and sugar of milk. Analysis after a week's use of the drug showed sugar 9 per cent; sp. grav., 1.042; quantity, 3½ quarts (56 ounces).

This showing was not satisfactory, and the medicine was prescribed in the form of decoction, prepared as follows: one ounce of the pulverized seeds was infused in one pint of hot water. To this was added one ounce of glycerine to prevent fermentation. Of this she was ordered to take a teaspoonful four times a day. In a week the urine was found to have a sp. gravity of 1.0365; sugar, 6.66 per cent.; average daily quantity, 64 ounces (4 quarts).

Although the sugar has notably decreased, the amount of urine had not, but had apparently increased. I say apparently, for the patient thought she had drank more water than usual, and the water was from the "Silurian" spring, at Waukesha, which is decidedly diuretic.

She was ordered to take *two* teaspoonfuls four times a day of the same decoction. In fourteen days the urine was again examined, and showed a specific gravity 1.032; sugar, 5.25 per cent.; quantity averaged 40 ounces daily.

As the patient was going to her home in Ogdensburg, N. Y., I had a fluid extract of syzygium made, five drops of which is equal to one ounce of the decoction. This she takes with her, and has promised to report in two weeks. Should I get the report before this is printed it will be added to this paper.

These two cases, together with the one reported by Dr. Hughes, show conclusively that it has the power of diminishing the sugar, the quantity and specific gravity of the urine of glycosuria.—*American Homœopathist*.

Nitro-Glycerine in Hiccough.

Dr. O. T. Schultz (*American Practitioner*) reports a case of obstinate hiccough which persisted for ten days, notwithstanding the employment of morphia, atropia, chloroform, strychnia, and

various minor remedies. Galvanization of the phrenics in the neck and of the epigastric region gave no relief. A heavy induced current to the epigastrium and along the costal attachment of the diaphragm broke up the spasms after five minutes, and there was complete absence of hiccough for one hour after each sitting, the attacks being less violent and less long in the interval between the *seances*. Improvement, however, did not last long. On the ninth day potassium bromid., gr. xxx., and strychnia, gr. $\frac{1}{6}$, were given every third hour. Only very transient relief was afforded by this combination, the hiccough not being quite so severe for a short time after the prescription had been taken. The next night was almost one constant hiccough, and on the morning of the tenth day the induced current failed to interrupt the attacks. One drop of the one-per-cent. solution of nitroglycerine was then ordered to be taken every hour. The hiccough at once became less frequent and distressing, and ceased entirely within a half-hour after the administration of the second dose.—*Medical Bulletin*.

Chloroform as a Hemostatic.

Dr. Betz, in his "Memorabilien," 1885, No. 5 (*Medical Times*), relates two cases of uterine hemorrhage, in which he found chloroform of great utility in its arrest. The first of these occurred in the person of a robust woman, 33 years old, delivered of her second child under chloroform. Owing to the delay of the passage of the head, notwithstanding violent pains, the forceps was applied, and after the removal of the placenta, fearful hemorrhage ensued, so that the reporter did not dare remove his hand, which he had introduced in the uterus as a plug and a stimulus to action. The contraction soon subsided, and hot water injected by the side of the hand failed to reproduce it. Chloroform was now poured on a sponge and passed into the uterus, and some was also poured on the abdomen. On the introduction of the sponge, a severe, burning pain was felt along the genital passage, strong contraction of the uterus took place, and the bleeding ceased.

A delicate woman, 23 years of age, formed the subject of the second case, being about at the fourth month with her third child.

During eight days she had slight hemorrhage and pains, and on the ninth a fetus was expelled, succeeded by a mass of black coagulum. Hemorrhage followed and resisted all the ordinary means, and the patient became cold and pulseless. A plug was made of cotton wool, and after being wetted with a mixture of chloroform and ether was passed up and held against the os by the fingers. Severe burning pain was produced from the vagina to the abdomen, and in a very short time contraction of the vagina and uterus, with arrest of the hemorrhage, ensued.

The action of chloroform, Dr. Betz observes, differs from that of the ordinary astringents, inducing coagulation of the blood as they do, but causing narrowing and closure of the blood vessels in consequence of muscular contraction. When chloroform is not at hand alcohol injections may be resorted to. The use of chloroform in this way may supersede the hypodermic injection of ether.—*Weekly Med. Review.*

Treatment of Hemorrhoids.

Dr. H. L. Cokenower, of Clarinda, Iowa, in a communication to the *Medical World*, says: Already there have been many good and readable articles published on this subject; but if I am able to throw one ray of light upon the pathology and treatment of this disease, I shall have accomplished my desire in full. As to the causes of piles, they are many, but the principal one is constipation, and in our treatment we must not neglect to try at least to correct this condition.

A hemorrhoidal tumor being nourished by the hemorrhoidal veins, to cure it we must cut off the supply of blood to the part. This can best be done, as I have found by repeated trials, by the injection of medicine into the tumor. I have tried several formulas, but the one that I have found to excel all others is as follows: R. Carbolic acid, ℥j.; creosote, gtt. xx.; olive oil, glycerine, aa ℥j. M. Unite by water bath. Inject from three to ten drops of this into the tumor. Pass needle as near base of tumor as possible without puncturing the gut, and pass the needle as near to opposite side of tumor as you can without passing through the tumor. Inject and withdraw the needle a little; then inject again, etc. In internal tumors always pass

the needle horizontally with the gut. If hemorrhage occurs from puncturing tumor with needle, apply cold water with sponge and compress.

Always reduce external tumors as soon as possible after treatment. Treat one tumor a week until all are removed.

In fistulas, fill fistulous track with this medicine, and plug the opening. In fissures, saturate lint with compound and lay in crack.

In treating hemorrhoidal tumors, if undue pain should occur, use laudanum and sweet oil. If patient is of constipated habits, have him use injections of warm water half an hour before going to stool. If weakness of sphincter occurs, use a weak solution of sulph. zinc.

This formula I have used for over six years, and upon at least forty different patients, without a single failure. I know what it will do when judiciously used, or I would not ask its publication.

In reckless hands it is capable of doing irreparable harm; and any one not fully understanding the anatomy of the rectum, and the causation of hemorrhoids, should avoid its use.

Its curative power is due to the coagulating of the blood supplying the tumor, and it atrophies instead of sloughing, as is the case with many of the popular remedies now used.

Some Lay Advice to Doctors.

Avoid the society of your patients. Physicians should have no familiars; to be thoroughly respected they must stand aloof from the gaze of society. A prophet has no power in his own country, neither has a physician in his own circle. Without skill it is impossible to become a flourishing physician, but without good manners all the skill of the most eminent physician will not avail you in a large capital. A good address is everything in a doctor. Never refuse a fee from any person who is able to give one, in order that you may never have occasion to take one from a man who is too poor to well afford one. It matters not how mercenary you may be accounted by the rich, so long as you are merciful to the poor. If you cannot get fees without depriving them of bread, it were better you had never been a doctor.—

Brooklyn Eagle.

**Urethral Irritation in the Male the Cause of Certain Neurases,
and also of Acne.*—By LEGRAND N. DENSLOW, M. D.,
ST. PAUL, MINN.**

Although of late years much has been written about urethral irritation and its relation to nervous disturbances, I am inclined to think that its importance is far from being appreciated as yet. This conviction is the only apology I have to offer for trespassing upon your time by recounting a few cases that have come under my observation recently. Dr. Otis, at a meeting of the New York Dermatological Society a little over a year ago, read a very interesting paper on contractions of the meatus urinarius as a source of reflex irritation in the brain and spinal cord; his cases, together with mine, make such an interesting series that I shall briefly refer to them. The first was a case of contracted meatus in a physician, associated with mental depression so great as to render all his mental processes unreliable, and to make him feel as if he did not care to live. These symptoms were entirely relieved by simply stretching the meatus three or four millimetres. The patient would not accept division, and he was obliged to dilate at intervals, each dilatation being followed by prompt relief. Again, case of a physician who had been subject to attacks of profound mental depression, coming on without apparent cause. This trouble he bore until he was past forty years of age, when to it were added various reflex nervous difficulties—among these a feeling of wetness in the urethra and a bearing down in the perineum. A sound was passed, and gave immediate relief, which continued for several weeks. A year afterward the meatus was divided, with the effect of permanently removing his nervous trouble. The same writer speaks of two cases who were subject to daily epileptic attacks, in both of which there was entire relief after division of the meatus. In one case it was found necessary to cut several times before the tendency to recontraction was entirely overcome and the symptoms permanently relieved. The most interesting case described in his paper, and illustrative of another class of cases in which the reflex irritation falls more particularly upon the spinal cord,

* Read at the Ninth Annual Meeting of the American Dermatological Association.

occurred in a child aged three. As an infant it was restless and fretful, had frequent erections and enuresis; at two and a half years it was still in a bad general condition, and suffered from bilious attacks. About this time it was circumcised, with relief, though the attacks continued at night. Although there was no evidence of spinal disease, there was marked difficulty in locomotion, the child stumbling in his walk, with the right foot turned in, and falling every few steps. The meatus was found to be contracted, and was cut, the operation giving great relief; but the meatus having again contracted, it was found necessary to cut again. To avoid hypospadias this operation was very carefully performed, and repeated ten times until no further re-contraction took place. These numerous operations were found necessary, as the symptoms would return with the slightest re-contraction. The child was seen two years after the date of the last operation, and was found to be fat and well. My first case is similar in some respects to this last one.

CASE I.—April 3, 1885. C— had gonorrhœa twenty-two years ago, discharge lasting several months. During treatment a piece of nitrate of silver was accidentally dropped in the urethra and allowed to dissolve. Patient complains of weight in the perineum and pain in the same region during emission. There are darting pains through the thighs and down the legs, the feet feel heavy and numb, and occasionally it is only with great effort that he can walk steadily. There is almost constant occipital pain, and the patient has about made up his mind to give up a good position. Upon examination the normal urethra was found to be 34. There were strictures at 1 inch, No. 24, from $1\frac{3}{4}$ to $2\frac{1}{4}$ inches from 22 to 14, this one being particularly dense, and showing the result of the nitrate, and one at $4\frac{1}{2}$ inches, No. 19. All were incised to 36, and during the course of the next six weeks all the disagreeable symptoms disappeared.

CASE II.—May 1883. O—, aged forty-two, married, of good habits, uses no liquor or tobacco, is in perfect health. Claims that he has been impotent for eight years, and that the condition came on gradually. Upon examination meatus measured 16 (normal 34); otherwise urethra normal and not sensi-

tive; the meatus was incised to 35, and a cure effected within a week. This occurred two years ago, and I have heard recently from the gentleman that at present there is very little probability that further treatment will be necessary.

CASE III.—June 15, 1885. G——. Gonorrhœa seven years ago, which lasted about one month. Before he was entirely well he had connection with dissolute women, several times every night, for two weeks; at the end of that time he fell down in a fit, bit his tongue, etc. These attacks have occurred every few days, sometimes every day, until the present time. He is a printer, and has frequently fallen from his stool while at work. Had last attack yesterday. Stream of urine very small. Upon examination, normal urethra 34, meatus 29; stricture at 2 and $2\frac{1}{2}$ in., admitting 29; $4\frac{1}{2}$ in., 26; $5\frac{1}{2}$ in., 7. Following the examination he had a severe epileptiform attack. For the next week the lower stricture was stretched every other day until 22 was reached. The patient then had a pleurisy, from which he has not sufficiently recovered to proceed with urethral treatment. He has not had an epileptic attack since the day mentioned.

CASE IV.—February 12, 1885. S——, aged thirty, single, no venereal disease. Complains that during the last year his hair, both on head and body, has been falling rapidly. He has a very extensive hirsute growth over the entire body, and upon removing the underclothes they are found to be lined with hairs. The scalp and a small spot on chest are found to be the seat of a seborrhœa, for which appropriate remedies were applied. The skin over the entire body is, to all appearances, in a perfectly healthy state. Thinking that the trouble must be reflex, I examined the urethra, and found the prostatic portion highly sensitive. From this time patient was seen every other day, and sound passed. March 1st, less hair falling. March 11th, continued improvement. March 15th, scarcely any hair falling. March 31st, hair on body firm, none falling. Within a few days the patient has been heard from, and there has not been any return of the body trouble, although hairs still fall from the head and chest. I am not aware that general alopecia was ever before treated through the urethra. The result followed the treatment so rapidly, and proved so radical, that there is no doubt in my mind that the cause in this case was discovered.

CASE V.—S—, aged twenty-six. Has had a constant neuralgia of the right testicle for past eighteen months. Had gonorrhœa two years ago, which lasted three months. There are numerous acne pustules scattered over the face. The patient told me subsequently that he has never been free from them since he was twelve or fourteen years of age. Has been impotent for past six months. Upon examination (normal urethra 34), meatus 26. This was enlarged to full size, and the deep urethra treated with sound. Within a month the acne had disappeared and the neuralgia was very decidedly improved, and after three months' treatment the neuralgia was cured by the systematic use of the sound, together with galvanism. This case is an interesting one from the fact of the acne disappearing so rapidly. No mention was made of the acne, either by the patient or myself, until about one month after treatment commenced, when the patient informed me that he "always had pimples" until the present time, and asked if I thought the operation and treatment had anything to do with their disappearance. This patient has been seen by me within a few days, and there is no return of the acne, and but occasional slight pain in the testicle. Upon further examination of his urethra with bulbs, a stricture of large calibre was found, three and a half inches from the meatus, measuring 32. I have every reason to believe that the remnant of the neuralgia is due to this contraction.

CASE VI.—June 20, 1885. W—, aged twenty-nine. Prominent member of the bar and hard student. Has been morbid, more or less, as long as he can remember. Within two or three years has become abnormally sensitive, and finds that his mental processes are becoming obscured, has great difficulty in fixing his attention, and it is only with effort that he can grasp the subject of his reading. Upon examination of the penis, find that he has been circumcised; the meatus 24 (normal 30), and lips protruding; the entire urethra exquisitely sensitive. The meatus was incised, and a full-sized sound passed regularly. At this date, August 20th, the urethra is not sensitive, and the patient declares that mentally he is another man, that he is no longer despondent, and that within a week he has passed through

a trial that prior to the operation would have "about killed him." I can notice a great change in his nervous condition. This patient applied to me for an aggravated case of acne, situated over the entire back from shoulders to buttocks, of fourteen years duration, which has entirely disappeared without other treatment.

CASE VII.—October 11, 1884. A——, aged fifteen. Had comedo when six weeks old, which disappeared in a few weeks. Normal skin thick and greasy. At present the whole face, ears, neck and shoulders are covered with acne to an extent worse than I ever saw before, several abscesses being two inches in diameter, and a greater part of the skin of the face being infiltrated with pus, serum and sebaceous matter. Disease commenced two years ago. Locally, I treated him by opening abscesses and applying hot water, gr. vj. ergotine t. i. d. By December 13th the acne had all cleaned up, except a few pustules on the back of the neck. At this time the urethra was examined. Meatus contracted to 27 (normal 34), and prostatic urethra very sensitive. As operation was declined, sound No. 27 was passed frequently for about six weeks, when urethra was no longer sensitive. During this time ergot was discontinued, but improvement continued until but very few pustules appeared on the neck.

April 18th.—No treatment but hot water for past two months, and slight relapse on neck. Ergot given again, and in a month the eruption had all disappeared. A few days ago he presented himself, havtng neglected treatment for the past two months. There was a decided relapse, principally about the neck and angle of jaws. There are many points of interest about this case: first, the fact of the skin being predisposed to acne, as shown by comedo appearing at the age of six weeks; second, the rapidity with which the disease disappeared under the use of ergot; third, the fact of improvement continuing when sounds were substituted for ergot; fourth relapse occurring on discontinuing either sounds or ergot. As the deep urethra is no longer sensitive, it would be fair to presume that the acne is kept up by the contracted meatus, as it improves always after passing a sound. I regret my inability as yet to prove this.

CASE VIII.—June 22, 1885. W—, aged thirty-one. Has suffered from acne for years. At present back is pretty well covered from shoulders to lumbar region. Urethra, 30; meatus, normal. Strictures No. 26 and 28 at one and two inches, the entire urethra very sensitive, and particularly so in deeper portion. Treatment: sounds passed every other day.

July 7th.—Acne has disappeared. At this time patient was ill and obliged to stay at home for two weeks, and at the end of that time a few more pustules had appeared. At the present time there is no acne.

I simply present these as an interesting group of cases. I have no theory to offer, but would call particular attention to the case of general alopecia cured, and also the result in the cases of acne, adding, as they do, evidence as to the efficacy of Dr. Sherwell's treatment by sounds, suggested by him at the last annual meeting of this Association.—*Med. Record.*

Anti-Freckle Lotion.

R. Hydrarg. bichlor, gr. xii.; acid hydrochlor. *pur.*, ℥iij.; fruct. amygd. amar., ℥jss.; glycerin, ℥j.; tinct. benzoin, ℥ij; aqua flor. aurant., q. s. Dissolve the corrosive sublimate in three ounces of the orange flower water, add the hydrochloric acid, and set aside. Blanch the bitter almonds, and bruise them in a Wedgwood mortar, adding thereto the glycerin, and using the pestle vigorously; a smooth paste is thus obtained. Then add gradually about nine ounces of the orange flower water, stirring constantly, continuing this operation until a fine, creamy emulsion is the result. Subject this to violent agitation—preferably with the aid of a mechanical egg-whisk—and allow the tincture of benzoin to fall into it the while, drop by drop. Then add the mercurial solution, filter, and make up the whole to the measure of twenty fluid-ounces with more orange flower water.

This preparation is recommended to us by an eminent dermatologist as being invariably efficacious in the treatment of *ephelis*, and always greatly ameliorating *lentigo*, even if it does not entirely decolorize the patches in the latter case. A general whitening of the skin is produced by this lotion, without any irritation. It is as well, however, not to apply it to any abraded

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surfaces. It has been found far superior in practice to a preparation—which it somewhat resembles—sold at a high price in Paris, under the name of *Lait Antiphélique*.—*Pharmaceutical Record*.

A Painless Method of Introducing the Catheter.

In your issue of August 15 you refer to an article in the *Med. and Surg. Rep.*, by Dr. John A. Stamps, entitled "An almost Painless Method of Introducing the Catheter." Permit me to suggest a *quite* painless method.

My plan is the spurting of a few drops of a four-per-cent. solution of cocaine mur. into the mouth of the urethra, and allowing it to seek the deeper parts of the canal by gravitation. This can be accomplished with an ordinary medicine-dropper, the point of which has previously been glazed by holding in the flame of a spirit-lamp.

By this simple method of producing local anæsthesia I have been enabled not only to painlessly catheterize my patients, but in four cases perform internal urethrotomy, and carry out the after-treatment, viz., the daily introduction of a full-size sound, without causing any pain whatever.—J. H. BERST, M. D., in *Therapeutic Gazette*.

Vomiting in Pregnancy Cured by Ether Spray to the Epigastrium.

A young and delicate primipara began, at the second month, to suffer from frequent attacks of nausea and vomiting. Toward the fifth month her state became alarming from the malnutrition caused by the uncontrollable vomiting. No drugs were of any avail. The application of ether spray to the epigastrium was tried, with immediate benefit. After the first application the sickness ceased. Afterward it recurred, and again yielded to the spray.—*London Med. Jour*.

Cocainism.

Those natives of Peru and Bolivia who are addicted to the excessive use of coca present an attenuated, yellow, cachetic appearance, and are liable to ascites, anorexia and insomnia. They frequently fall into a state of marasmus and die.—*Med. World*.

Nitro-Glycerine.

Editor Medical World:—I read with some surprise in October *World* the claims of W. B. Steere, M. D., in regard to having made discoveries with nitro-glycerine. I would suggest to the doctor to investigate more fully before making such claims.

Ten years ago, to my knowledge, it was introduced to the homœopathic physicians of this country by the late Dr. Constantine Hering, of Philadelphia, and members of his school have not only been using it for angina pectoris, but also for congestive or apoplectic headaches, and more particularly when the seat of disease is located in the occipital region of the head.

I can certify from experience as to its marvelous action in "coup de soleil," or sunstroke; also in dysmenorrhœa, with the accompanying headache, wild delirium, inability to remain quiet and nausea.

H. D. CHAMPLIN, M. D.

Cleveland, Ohio.

Urethan—A New Hypnotic.

Under the heading of "Therapeutic Notes" (in the *Cincinnati Lancet and Clinic*, October 17, 1885), culled from various French and German journals, we find that Dr. R. v. Jaksch lately studied the nature and action of this new agent, with which Schmiedeberg made the first experiment upon animals, and afterwards Jolly upon man, when it was found that it possesses narcotic properties. Urethan is chemically an ethylic ether of carbonic acid ($\text{NH}_2\text{CO}_2\text{C}_2\text{H}_5$), and consists of white crystals freely soluble in water, of a peculiar though not unpleasant taste, and is perfectly odorless. Jaksch, after first having made a number of experiments upon animals (rabbits), by which he ascertained that urethan possesses toxic effects when given in doses of half a grain to each kilogram of the weight of the body, used this agent one hundred and ten times, in twenty different persons, with the following result: When given in doses of one-quarter to half a gram (4 to 8 grains) no toxic effect was produced, but when administered in doses of one gram (16 grains) it invariably caused a sound sleep. It acts principally upon the brain, without, however, having any influ-

ence upon peripheral nerves; consequently it proved of no avail against the troublesome cough in phthisis and the pains of neuralgia. But as it possesses no disagreeable or secondary effects, it may be given in cases where other narcotics are contraindicated, as in valvular disease or fatty degeneration of the heart, even in the most aggravated cases. The sleep produced is said to be natural and physiological, lasting until morning, and on awakening leaves no unpleasant after-effects. For this reason v. Jaksch is of opinion that it will be of special service in the practice amongst children, and also for delirium tremens and other forms of mania. Urethan may be administered without any corrective, as it is almost tasteless and freely soluble, but for sensitive individuals any excipient may be added. It may be given in the form of powder or in solution.—*Virginia Med. Monthly.*

Materia Medica Collection for Students of Pharmacy and Medicine.

We heartily endorse the following from the *Medical Advocate*:

“Messrs. Parke, Davis & Co., Detroit, Mich., are never more happily engaged than when supplying a ‘long felt want’ to the medical profession. Their latest achievement in this direction consists of a collection of specimens of all crude drugs of vegetable origin recognized in the United States Pharmacopœia, and many, not so recognized, that are in common use by Eclectic physicians. There are 288 specimens in all, put up in a handsome case. As they truly say in their announcement: ‘The student can familiarize himself, practically, with the properties of drugs only as he has the opportunity to examine and handle specimens himself. The descriptions of text-books, even when aided by elaborate engravings, appeal only to the imagination, and the impression received from reading is consequently of necessity imperfect, often misleading, and always evanescent. It is not enough even that the student have access to cabinet collections, although these render excellent educational service. It is only by having the specimen actually in hand that, with the aid of lens and dissecting needle, he can intelligently

follow the descriptions of his manual. Specimens of many of the common drugs are, of course, easily procured at any drug store for such examinations, but there are many which are not thus accessible; and it is, moreover, important that the specimens shall be all of unquestionable authenticity.' This collection furnishes this desideratum, and will prove indispensable to the student of pharmacognosy."

Send to the manufacturers for full descriptive pamphlet, which will be sent to anyone who mentions the *AMERICAN MEDICAL JOURNAL*.

Apomorphia in Obstinate Neuroses.

Apomorphia, for a long time used only as an emetic, has recently been successfully applied to the treatment of obstinate neuroses (*Revue Medicale*). In chorea, in a girl of thirteen, two injections, each about one-twenty-fifth grain, were given daily for three weeks, when the patient was discharged cured. Another girl of the same age, subject to epileptiform convulsions, was given two injections, of from one-twentieth to one-tenth grain, each day, the treatment being kept up for thirty-eight days, and resulting in a complete cure. A case of hiccough, recurring from thirty to forty times a minute, and which was fast exhausting the patient, was cured by two hypodermic injections. Morphia, atropia, and other drugs, had been tried without effect, as had also electrization of the phrenic.—*National Druggist*.

Cocaine in "Snuffles."

Dr. Zemshchenko has treated seventeen infants from two weeks to eleven months old, with coryza, by means of cocaine dropped into the nose. Two drops of a two-per cent. solution were thus applied from four to six times a day with remarkable results. In only one case was any increase of secretion observed. He has also made use of a four-per cent. solution for older children. As there is some risk of the solution being swallowed and producing vomiting, he finds it best to apply the cocaine by means of an ointment.—*Med. World*.

Salicylate of Cocaine in the Treatment of Trigeminal Neuralgia.

Schneider (*All. med. Ctrl.-Ztg.*; *Ctrlbl. f. d. ges. Therap.*) relates the case of a woman in her third attack of neuralgia of the second and third branches of the trigeminus. The first attack, five years before, had been treated successfully with large doses of quinine. The second attack lasted almost six months; quinine was of no avail, but the pain gradually disappeared under the use of morphine and iron. The third attack had continued four weeks, when the author injected salicylate of cocaine experimentally. The effect was extraordinary; six grains of the salicylate, injected into the cheek, caused the pain to disappear entirely, and occasioned a general feeling of well-being, wholly free from any unpleasant collateral phenomena. The injection itself was painless, and did not give rise to irritation. The patient was enabled to sleep at night, although before the pain had been most severe at night. Eight such injections were given in the course of six days, and after that there was no pain, except at the site of the injections, which was overcome by three applications of galvanism, with the anode applied to the seat of the pain and the cathode to the back of the neck.—*N. Y. Med. Jour.*

Cleaning Powder.

A good cleaning powder for show windows, which leaves no dirt in the joints, is prepared by moistening calcined magnesia with pure benzine, so that a mass is formed sufficiently moist to let a drop form when pressed. The mixture has to be preserved in glass bottles with ground stoppers, in order to retain the easily volatile benzine. A little of the mixture is placed on a wad of cotton and applied to the glass plate. It may also be used for cleaning mirrors.—*Amer. Druggist.*

Dr. Keith, the celebrated English ovariologist, was recently called in consultation to a case in Boston. This is said to be the first time since the Declaration of Independence that we have summoned medical aid from England. The fee is said to have been \$10,000. The doctor agreed with the attending physician in diagnosis and treatment.—*Med. World.*

EDITORIAL.

Electricity in Urethral Stricture.

It is really amusing, and yet provoking, to witness the reckless demonstrations of ignorance or dishonesty, furnished by so many contributors to our exchanges. It is all well enough for a man to say he cannot see or understand how electricity can cure stricture, but when he says *it will not or cannot cure stricture*, then we know he is either ignorant or dishonest, for we have learned by observation and experience that electricity, properly applied, *will cure* stricture. Our evidence is *positive*, while that furnished by a man who don't know can only be negative evidence at best.

Now, we do not propose to write a long editorial upon this subject, for we have a carefully written pamphlet, which we prepared some time ago, describing in detail our method of curing stricture by electricity, and we are ready to send this paper to anybody that wants it, free of charge or postage. We are ready to verify, in practice, every statement we make here or in that paper, and if surgeons who are so ready to cut urethral strictures would study this method of cure, their success would be more satisfactory to their patients and more creditable to themselves.

Specialties in Medicine.

Specialties are becoming popular, and this is right. No man can possibly master all branches of the healing art. We can, by long experience, after qualifying ourselves properly, acquit ourselves honorably as general practitioners, but we cannot master more than one or two leading departments. Obstetrics and gynecology are enough for one man, especially in a city. Surgery is a business of itself. Diseases of the eye, and of the ear, are each enough for any one person, and diseases of the nervous system furnish a very large field for observation and practice.

While I still devote my attention to general family practice, I am rapidly working up a special practice in diseases of the nervous system, and mean to give this department of medicine special attention from this time forward. I am prepared to aid anybody seeking assistance in this direction, either physicians or laymen, and will spare no pains in rendering all the help I can, in the way of consultation or direct treatment.

In this line I am using electricity to great advantage, and the principal diseases in which I, with other specialists, have found this agent to be eminently successful or beneficial are as follows:

Amenorrhea or suppressed menses; anæsthesia; aphonia or loss of voice; asphyxia; asthma; chorea or St. Vitus' dance; constipation; deafness; dizziness; dimness of vision; facial neuralgia; facial paralysis; fibroid tumors; goitre or big neck; gout; hemorrhoids or piles; headache; heart palpitations; hemiplegia; hiccough; hydrocele; hysteria; hysterical paralysis; incontinence or inability to retain the urine; insanity; insomnia or inability to sleep; inertia of the womb in lingering labor; to excite contraction of the uterus in cases of hemorrhage, and to induce premature labor when such an expedient is imperatively necessary; lead palsy; lumbago; locomotor ataxia; malignant and benign tumors; marasmus; melancholy; mental exhaustion; menorrhagia or profuse menstruation; migraine; milk, deficient secretion of; mother's marks; myalgia; nervous exhaustion; nervous headache; neurasthenia; neuralgia; œdema; opium poison; orchitis; paralysis of any and all parts of the body; pain, wherever located; progressive muscular atrophy; prolapsus uteri or falling of the womb; prostate gland, enlargement of; rheumatism; ringing in the ears; ringworm; sciatica; sclerosis, spinal; spinal curvature; seminal weakness; strictures of the esophagus or urethra; spermatorrhea; spinal congestion; spinal irritation; sprains; stammering; suppression of urine; warts; writer's cramp; wry neck, and many other conditions which do not come under any particular classification.

Remember, while I know electricity to be a wonderful remedial agent, I do not recommend it as a cure-all; neither do I recklessly promise or guarantee cures, but agree to give my patients careful and thorough electrical treatment, and whatever of

virtue there is in this measure I aim to appropriate, and people may be reasonably certain of reaping the full benefits to be derived from electrical treatment. I have been at an enormous expense in fitting up my office for these specialties, and now take great pains to do effective work.

BOOK NOTICES.

HOW TO USE LISTERINE.

This is a complete exposition of the virtues and uses of this practical remedy. While nearly every wide-awake physician in America knows what Listerine is, and that it is one of the most convenient, reliable and successful therapeutic agents ever presented to the profession, this little hand-book is a great help to us. It is the summing up of the experience of hundreds of careful observers. It furnishes us with many valuable hints, and every physician should have a copy on his table. It will entertain and instruct anybody. Send direct to Lambert Pharmaceutical Co., St. Louis, Mo., and this firm will send you a sample copy, free of charge or postage.

POST-MORTEM EXAMINATIONS, with Especial Reference to Medico-Legal Practice.—By Rudolph Virchow, of Berlin Charity Hospital. Translated by T. P. Smith, M. D., M. R. C. S., England. From the fourth German edition. 12mo, pp. 138. Cloth. Price, £1.00. Philadelphia: P. Blakiston, Son & Co. For sale by John P. Morton & Co.

BERLIN AS A MEDICAL CENTER.—By Horatio R. Bigelow, M. D., Washington, D. C., Sandy Hook, Conn.: New England Publishing Co., 1885. Cloth. 16mo. (From Publishers.)

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NITRO-GLYCERINE AS A REMEDY FOR ANGINA PECTORIS.—By William Murrell, M. D. Published by Geo. S. Davis, Detroit, Mich. Cloth. Price, \$1.00.

Nitro-glycerine is coming into use for various ailments, and we should understand how to handle it. This book gives us the information required.

HOW TO DISINFECT OUR HOUSES.—By B. W. Palmer, M. D. Published by Geo. S. Davis, Detroit, Mich. Paper. Price, 25 cts.

A fine book for physicians and people. Every physician would do well to furnish all his patrons with this book. They would willingly pay the small sum of 25 cts. for it, and be glad to get it.

LETTERS FROM A MOTHER TO A MOTHER ON CHILDREN'S TEETH.—By Mrs. M. W. J. Third edition, revised and enlarged. Price, 25 cents. Philadelphia: Welch Dental Co, No. 1413 Filbert St. 1885.

URINARY AND RENAL DISORDERS.—By Lionel S. Beale, M. D. Pp. 356. P. Blakiston, Son & Co. 1885.

PHYSICIAN'S VISITING LIST, 1886 (Lindsay & Blakiston's).—Thirty-fifth year of its publication. Containing Calendar; List of Poisons and Antidotes; Dose Tables, rewritten in accordance with the Sixth Revision of the United States Pharmacopœia; Marshall Hall's Ready Method in Asphyxia; Lists of New Remedies; Sylvester's Method for Producing Artificial Respiration, with illustrations; Diagrams for Diagnosing Diseases of the Heart, Lungs, etc. The quality of the leather used in binding this list has been again improved, and a superior pencil, with nickel tip, manufactured expressly for it, has been added.

APPLIED MEDICAL CHEMISTRY, AND MANUAL FOR STUDENTS AND PRACTITIONERS OF MEDICINE.—By Lawrence Wolf, M. D., Demonstrator of Chemistry in Jefferson Medical College. Philadelphia: P. Blakiston, Son & Co. 1885.

MILK ANALYSIS AND INFANT FEEDING—By Arthur V. Meigs, M. D., Physician to the Pennsylvania Hospital. Philadelphia: P. Blakiston, Son & Co. 1885.

SECOND REPORT OF THE STATE BOARD OF HEALTH OF THE STATE OF TENNESSEE—By the Tennessee State Board of Health. 600 pages. Cloth binding.

This book contains a vast amount of statistical and other information interesting to Southern people and those contemplating Southern movements.

A REFERENCE HAND-BOOK OF THE MEDICAL SCIENCES, being a Complete Work of Reference for information upon Topics belonging to the entire range of Scientific and Practical Medicine, and consisting of a series of concise essays and brief paragraphs, arranged in alphabetical order of the topics of which they treat, prepared by writers who are experts in the respective departments; illustrated by chromo-lithographs and fine wood engravings. Edited by Albert H. Buck, M. D., New York City. Vol. I. New York: William Wood & Co. 1885.

The first volume of this great work is before us, and of all the works coming into our office this is the most valuable one we have received for a long time. This volume contains 808 pages of closely printed matter, and it is of the most practical character. We cannot give the reader a proper estimate of this work in a short notice, and advise correspondence with the publishers, Wm. Wood & Co., who will send complete description, price, etc. It is a magnificent work—a library in itself.

ON RENAL AND URINARY AFFECTIONS.—By W. Howship Dickinson, M. D., Cantab F. R. C. P., Physician to and Lecturer at St. George's Hospital; Consulting Physician to the Hospital for Sick Children; Corresponding Member of the Academy of Medicine of New York; Miscellaneous Affections of the Kidneys and Urine. New York: Wm. Wood & Co. 1884.

This is the August number of Wood's Library for 1885.

POISONS, THEIR EFFECTS AND DETECTION.--A Manual for the use of Analytical Chemists and Experts, with an Introductory Essay on the Growth of Modern Toxicology.—By Alexander Wynter Blyth.

This is the July number of Wood's Library for 1885.

EPILEPSY AND OTHER CHRONIC CONVULSIVE DISEASES, THEIR CAUSES, SYMPTOMS AND TREATMENT. — By W. R. Gomers, M. D.

This is the September number of Wood's Library for 1885.

THE TECHNOLOGY OF BACTERIAL INVESTIGATION. Concise Directions for the Study of Bacteria, their Culture, Staining, Inoculation, Mounting, etc., according to the methods employed by the most eminent microbists—By Dr. C. S. Dolley. 1 vol. 12mo. Cloth. Price, \$2.00. S. E. Cassino & Co., 41 Arch Street, Boston.

This is a timely work for original investigators and medical men.

ON THE WASTING DISEASES OF INFANTS AND CHILDREN—By Eustace Smith, M. D. Fourth edition.

This is the April number of Wood's Library for 1885. These books are all of the very best and most practical character.

THE PEDIGREE OF DISEASE.—By Jonathan Hutchinson, F. R. S., Emeritus Professor of Surgery in the London Hospital. New York: Wm. Wood & Co. 1885.

RATIONALISM IN MEDICINE.—By William Thornton. Boston. Published by the author. 1885. Price, \$1.00.

A COMPEND OF OBSTETRICS, ESPECIALLY ADAPTED TO THE USE OF MEDICAL STUDENTS AND PHYSICIANS.—By Henry G. Lanais, M. D. Published by P. Blakiston, Son & Co. Price, \$1.00.

Candidates for graduation, or those preparing for State Board examination, should have this book.

HOW TO DRAIN A HOUSE.—By Geo. E. Waring. Published by Henry Holt & Co., New York Price, \$1.25.

This book is full of practical information for those intending to build, and for householders generally it will be found eminently useful.

MISCELLANEOUS PARAGRAPHS.

Menorrhagia.—By JOHN A. HENNING, M. D., GARNETT, KAS.

I do not propose to discuss this form of disease in all its various aspects and manifestations, but I do want to give my experience of menorrhagia in a large number of cases the past few days.

Quite a number of females are subject to this symptom of flowing too free. It is always necessary in each case to examine into the specific cause of the flow; it may be catarrhal or chronic inflammation of mucous membrane of cervical canal, or it may be subinvolution of the uterus. Whatever the cause may be, it should be removed as far as possible. I believe, in the majority of cases, it is caused by over-work and taking cold. But what I wish to say in this short article is my treatment that I have found so uniformly successful. In severe cases, where immediate relief is demanded, I usually inject, in the right arm of the patient, ten minims of liquor ergotæ purificatus, diluted, as prepared by Parke, Davis & Co. This usually stops the flow at once. Then I prescribe in nearly all those cases: *R.* Fl. ergot, ʒj.; bromide potassium, ʒss.; glycerine, ʒj. *M.* Sig. Give one teaspoonful every two to four hours, which usually gives permanent relief in a reasonable time.

The specific action of this remedy is almost self-evident. The bromide will control nervous irritability, quietness and apprehension, while the ergot will control "laxity of nervous fibre" of the mucous surface, and will by this process arrest the hemorrhage speedily. Having used this treatment with uniform success in a large number of cases, I give it for the benefit of the younger practitioners.—*Med. Summary.*

Dysentery—Declat's Antiseptic Method.—BY C. R. MAYER,
M. D., ST. MARTINSVILLE, LA.

Mr. S—, age 44. Affected with dysentery; stools at first diarrhaic; fecal matter with jelly-like lumps slightly tinged with blood. Prescribed aloes, arsenicum, ipecac and belladonna, at different times as they seemed indicated, with little or no improvement. Stools became composed of a reddish-gray slime, and fecal matter entirely disappeared; great prostration. I now prescribed Declat's Syrup of Ammonia Phenate, in doses of two teaspoonfuls every two hours. The first dose was given about 4 P. M. and the following morning there was a decided change for the better. I then reduced the dose to one teaspoonful every two hours, under which treatment the improvement was continuous, and on the fifth day I was enabled to discharge the patient cured. To guard against contingencies, I advised the continuation of the remedy in teaspoonful doses, twice a day, for a few days longer.

Tongaline.

T. F. Frazer, M. D., of Commerce, Mo., states: "Have been prescribing Tongaline during past year, and can cheerfully testify to its great value in rheumatic and neuralgic troubles. Have derived particularly gratifying results from its use in dysmenorrhea, when not dependent on obstruction or serious organic disease. In the case of a lady of rheumatic diathesis, and a chronic sufferer from dysmenorrhea, who had been driven almost to the verge of insanity by her monthly suffering, its action has been most satisfactory. I first prescribed it for her about six months ago when suffering intensely. It relieved her promptly, and she now passes the once dreaded periods with but little discomfort.

I could mention other instances of a similar character, but this is a most remarkable one."

Issue Plasters.

The value of counter irritants in the treatment of many diseases is well recognized by the physician. The liniments and ointments commonly employed for this purpose, however, are uncleanly, and their use is attended with much unnecessary dis-

comfort. The Issue Plasters are free from these objections, and are pronounced by those who have used them efficient and reliable, and at the same time remarkably mild in their action.

They can be used in acute cases as a simple epispastic, and they have important advantages over the common fly blister, and they are remarkably uniform in their action, and not liable to producestrangury, or to exhibit unwonted harshness of effect.

In chronic cases the plasters may be applied daily to the same spot, thus establishing and maintaining, with little if any pain, an issue or suppurating ulcer. This is the use to which they are particularly adapted, and we know of no other means of accomplishing this object with so little discomfort to the patient.

Their use in the treatment of inflamed joints or inflammation of any serous membrane after the acute stage has passed will readily suggest itself to the mind of the practitioner, and it is in such cases as these that they are most convenient and efficient.

They are thin, and readily retained without the necessity of a bandage, and can be readily re-applied by the patient daily when necessary to establish an issue.

Neuralgia may frequently be treated by these plasters, to the exclusion of all other remedies. Thus, in supraorbital neuralgia, a plaster not larger than the thumb nail, applied over the course of the supraorbital nerve, will almost invariably cut the disease short at once and produce a permanent cure. Almost equal benefit, it is said, is obtained in sciatica by applying the plasters along the course of the nerve where tenderness upon pressure is manifested. We have indicated thus a few of the many specific applications which can be made of the Issue Plasters. We are confident that physicians will be pleased with their action.

Put up by Parke, Davis & Co., with full directions for use, in tin boxes containing one dozen plasters.

An Almost Painless Method of Introducing the Catheter.

Dr. John A. Stamps recommends, in the *Medical and Surgical Reporter*, the following as an almost painless method of introducing the catheter when there is a hyperæsthetic condition of the urethra. His plan consists in introducing the nozzle of an ordinary male urethral syringe, previously filled with water

as warm as the patient can bear, into a soft catheter, and injecting the water slowly, as the catheter is gently passed along the urethral canal. The water regurgitates between the catheter and the urethral wall until the catheter has reached the prostatic portion of the urethra, and there is thus little danger of much water passing into the bladder, and the warmth of the water will in many cases serve to allay irritability, which so often interferes with the performance of catheterization.—*Am. Med. Digest.*

Injections of Ether in Sciatica.

Dr. Z. Orto calls attention in the *Journal of the American Medical Association*, October 17, 1885, to a case of sciatica successfully treated by hypodermic injections of sulphuric ether.

On October 29, 1884, he was called to see Mrs. C., whom he found in bed suffering greatly with pain in her right leg and hip, unattended by redness or swelling. Mrs. C. is 39 years old, of a nervous temperament, has a good family history, and has always had good health until the birth of her last child, which occurred on February 14, 1883. The patient states that three days after the birth of this child fever came on, and continued for about six weeks, during which time she was unconscious; and that when the fever ceased and consciousness returned she was unable to remove her right leg without excruciating pain. There were spasmodic contractions of the limb, which caused great suffering. She states she remained in about the same condition, except that there was a gradual wearing away of the pain, for six months, at the end of which time she was able, by the aid of crutches, to move around the house; but at no time was she free from pain; and two weeks prior to his first visit she was again seized with the intolerable pain in her right hip and leg that had previously caused so much trouble. She at once went to bed and had been compelled to keep under the influence of opium.

On examination Dr. Orto found tenderness all along the course of the sciatic nerve, and, as before stated, without redness or swelling of the limb. All movements of the limb had to be performed by the aid of the patient's hand applied to the thigh, and

with the left foot under the right. Sciatica was diagnosticated. Dr. Orto determined to give this remedy and method a trial.

On the morning of November 30 the patient received the first injection of 20 drops, the syringe being inserted behind the trochanter major, the point recommended by Dr. Comegys. The injections were given in the ordinary superficial way. Seven injections were used in all, at intervals of twelve hours, using in the last six 30 drops each. The injections were followed by violent pain of a burning character, which, however, soon passed off. The patient declared she could taste the ether distinctly by the time the syringe was withdrawn. The acute neuralgic pain was relieved by the first injection, and never returned as severely as before. Improvement was noted from the beginning, the patient sleeping soundly without any other anodyne. The progress of the case was favorable, though rather slower than those of Dr. Comegys, though Dr. Orto thinks this may be accounted for by the former condition of the patient. In less than ten days the patient was able to be out of bed, and has since been attending to her domestic affairs, enjoying perfect health, save a little stiffness in her right leg.—*The Therapeutic Gazette*.

Treatment of Chorea.

From the clinical lecture of Dr. Gilbert, held in the Hôpital des Enfants-Malades in Paris (*Progrès Médical*, No. 24, p. 480), on the therapeutics of chorea, we abstract some practically important matters.

The routine treatment of all choreic patients at the mentioned hospital consists in the systematical exhibition of chloral-hydrate and the application of the wet cloth. The reason why chloral fails in the hands of so many practitioners is not to be sought in the drug itself, but in the faulty method of its administration. In two little patients some time ago, Gilbert gave 15 grains of chloral every quarter of an hour until sleep was produced, and when the children awoke the same dose was again administered. In this manner a sleep was obtained which was in reality but twice interrupted in twenty four hours, just the time needed for two meals. After four or five days the drug had to be stopped, as it would be dangerous to prolong this profound and continu-

ous sleep. The results obtained by this method of treatment compared very favorably with those of other clinicians, who usually contented themselves with sufficiently large doses to produce sleep once or twice daily, and rarely pushed the medication beyond a couple of days. At present Gilbert gives chloral systematically three times daily, and for a period of two weeks to two months, until a cure is perfected, without ever having met with a single accident. A rubeoloid or erythematous eruption, unaccompanied by constitutional manifestations, has occasionally been noted, but disappeared spontaneously in twenty-four hours, even when the medication with chloral was continued.

This uniform method is intended to ameliorate the graver symptoms, and to procure a prolonged sleep. A choreic patient ought not only to sleep at night, but also once or twice during the day, preferably after meal-time. The question of dose is one of great importance. Gilbert gives, in a patient beyond ten years of age, habitually 60 grains *pro dies*,—15 grains in the morning, 15 at noon, and 30 at night. This form of medication is to be continued until the choreic agitation is completely under control. In order to disguise the disagreeable taste of the drug, the confection of chloral recommends itself, especially in the case of children. The confection is prepared by taking a watery concentrated solution of chloral and currant jelly.

It is only in the graver form of chorea, in which chloral alone does not suffice to suppress the nervous and muscular excitation, that the wet cloth comes in as a potent adjuvant to the drug. As to its application, cold water solely is to be employed. The cloth is dipped into it, moderately expressed, and the patient laid upon a mattress covered with a rubber cloth. The body of the patient is then tightly wrapped up in a blanket and vigorously rubbed from the head towards the feet. After a couple of minutes, when reaction has taken place and the little patient has commenced to get warm, it is to be wrapped up in several woollen blankets without removing the wet sheet, leaving just the head free. In this sort of a steam-bath, then, the child is to remain on its bed for about half an hour, when reaction will have fully set in and done its intended work.

The effects of this procedure are invariably of the most excel-

lent nature; the child feels calm and composed, and not rarely falls into a quiet and prolonged sleep, from which it awakens more tranquil than ever.

As these are the remarks of a well-known clinician with an extensive practice with choreic children, his method of treatment lays claim to our confidence and invites a trial.—*The Therapeutic Gazette.*

Electricity in General Practice.

Dr. Hughes Bennett has called attention lately to the need of greater study, in a scientific manner, of the numerous uses to which either current may be put in therapeutics. In diseases where functional activity is diminished the stimulating power of both currents is largely indicated. The obscurity attending many classes of nervous affections, such as atrophy, anæsthesia, paralysis, sclerosis, etc., is no bar to the employment of electricity in an empirical manner, for the inhibited conduction and abnormal nutrition changes are favorably influenced thereby, and the catalytic effect of the galvanic current particularly is valuable in influencing the trophic elements of the tissues and facilitating absorption of morbid products. The sedative and alterative effect is also valuable in excited functional conditions for the relief of pain or spasm. The value of electricity is not simply a transient matter at the time of application, but its results are frequently permanent, hence its uses are far-reaching.—*Med. Summary.*

Chloral Hydrate in the Treatment of Diphtheria, Croup, etc.

In a recent number of the *Archives of Pediatrics* we notice a book review, written by C. B. Galuntie, M. D., who proposes the internal administration of chloral hydrate as a specific in the treatment of diphtheria and pseudo membranous croup. The proposition is theoretically based upon the antiplastic property of the drug. Says the author (p. 113): "If an ounce of healthy human blood, as it flows from an open vein, be caught in a wineglass or vial containing one-fourth of an ounce of a ten per cent. solution of chloral hydrate, of the same temperature as the blood, and stirred sufficiently to intermix the two, no

proper coagulation will afterwards occur." Adding, "the fact is in my mind well established that it exerts a similar influence upon the living blood in the body." The author claims to have used chloral hydrate in over five hundred cases of diphtheria, with a mortality of less than two per cent.; also in eight cases of true croup, of which six recovered. In dosage, the author recommends, for adults, of chloral hydrate and pot. chlorate, six grains each, to be given every hour until hypnotism has been produced; to children, two grains of each, given every hour; and to infants, one-quarter of a grain each of chloral and of bromide of ammonium, with two drops of chloroform to be given every hour.—*Med. Summary.*

Chloroform as an Hæmostatic Agent.

Dr. Spaak, of Brussels, recommends in the *Journal de Médecine de Bruxelles* chloroform as an excellent hæmostatic agent, and especially eligible for all operations in the mouth and throat. He uses chloroform 2 parts to common water 200 parts. Spaak once removed a sequestrum from the lower jaw without losing, as it were, a drop of blood, a single irrigation with the chloroform solution having sufficed to suppress every tendency to bleed. The same irrigation or gargles, consisting of the same chloroform-solution, Spaak uses also in the removal of a tonsil and other throat operations.

The perchloride of iron, the water of Pagliani, alum, and all other known hæmostatics, have the advantage of producing an objectionable sanguineous clot. Chloroform acts quite differently; it stops the hemorrhage suddenly by immediately closing the blood vessels, even those of a considerable size.—*The Therapeutic Gazette.*

Witch Hazel as a Hæmostatic.

Dr. D. W. O. Bridges, in the *Therapeutic Gazette*, writes: "I was prompted to the use of witch hazel by Ringer, who recommended it in all varieties of passive hemorrhage, his favorable results having been obtained particularly in hæmaturia and bleeding piles. Within the past few years I have prescribed it for bleeding piles, menorrhagia and continuous bloody oozing

from the uterus four weeks after confinement. In each of these cases there was no further trouble after twenty-four hours. The doses which I gave were somewhat smaller than those referred to in your article. I followed Ringer's plan of giving two drops of the fluid extract hourly. I was skeptical in regard to its use at first, but inasmuch as no other remedies were prescribed at the same time in the cases referred to, nor even rest enjoined, I was inclined to give witch hazel the credit. Other uses for which Ringer recommends its trial are pulmonary hemorrhages, hematemesis and varicocele."—*Med Summary*.

Aletris Cordial.

I have prescribed Aletris Cordial to Miss K., age 30. Chronic endometritis of two years standing, accompanied by retro-version. After correcting the latter, the Aletris cordial was prescribed for one month, resulting in cure. Having used Aletris Farinosa for fifteen years past, I do not hesitate to recommend Aletris Cordial as the best preparation of that agent I have seen.

Salem, Ohio.

L. HENDERSON, M. D.

She Didn't Like It.

A lady in Wilkesbarre, Pa., who discovered that her daughter was being taught physiology and hygiene, addressed the following note to her teacher:

"Dear Miss K——: I don't want my daughter to be taught about her insides; it isn't right and I don't like it."

Dr. Goodell's Mistake.

In speaking of dilating the cervix for sterility, Dr. William Goodell says (*Med. Bul.*), that he had one woman under his care for two years who was most anxious to have children. During this time he cut the cervix, dilated a number of times, and did a variety of other things, without the least benefit. Finally it dawned upon his mind that the fault might lie with the husband, and an examination of the semen showed that it did not contain a single spermatozoon.—*Indiana Med. Jour.*

NOTE.—It is a fact that there are scores of impotent men in the world, and why women are nearly always blamed for sterile marriages is more than we can understand.—[PITZER.]

Salicylate of Potassium in Acute Rheumatism.

Dr. E. L. Miller, in the *Therapeutic Gazette*, says that he has been using salicylate of potassium in cases of acute articular rheumatism with much satisfaction. In cases where the salicylate of sodium caused intense nausea and vomiting, the potassium salicylate was substituted, with a disappearance of the gastric irritation and a marvelous improvement in the condition of the patient. In one case, after twenty-four hours' use of the potassium salts, the joint pain ceased, and the temperature fell from 104.2° to 99.6°. He also says that it is of benefit in the fermentative diseases of the stomach. The formula he recommends is as follows: *R.* Acidi salicylatis, potassa bicarb., aa 3v.; aqua, 3ij. Solve et add: tr. nucis vomicæ, spr. lav. co., aa 3ij.; syr. simplicis, q. s. ad. 3iv. *M.* Sig. A teaspoonful every three hours, well diluted.—*Med. Summary.*

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